



CLOVERDALE SCHOOL DISTRICT

Success for everyone

Cloverdale School District Health Services

Amanda Hutchison BSN, RN (School Corporation Nurse)

Phone (765) 795-4339

Fax: (765) 795-5449

Email: amhutchison@cloverdale.k12.in.us

Medical Release

I, _____ give permission for school health personnel to
(Parent Name)

Obtain the following information concerning my child,

(Student Name)

- Health information for school health plan
- Medication, diagnoses, general health needs at school

I understand that the information will be used to plan and provide health care for my child.

I hereby consent to the release of such information.

Parent Signature

Date

Parent Name of Parent or Legal Guardian