



## RELEASE FOR SCHOOL NURSE

From time to time the school nurse needs to contact your child’s doctor. This may occur when updated Doctor’s Orders are needed, when we need to confirm a procedure or medication dosage, or when the order for a procedure are needed to provide continuous care to your child. You will be notified of the information or documents gleaned from the call each time a call is made. If you do not give permission, please check the box below:

- I do not give permission for you to contact my child’s doctor.
- Please notify me each time you notify my child’s doctor.
- You have my permission to speak with my child’s doctor.

Please complete and sign below. This release is in effect for one year from the date of its signing. Please also complete a Release of Information with your child’s physician office. Parents may revoke this consent at any time by calling the school nurse at (203) 237-5710, emailing at [nurse@melioraacademy.net](mailto:nurse@melioraacademy.net) or writing in your student’s communication book.

Student Information			
Last Name:	First Name:	DOB:	
Parent/ Guardian Name:			
Home Phone:	Cell:	Work:	
Street Address:	City:	State:	Zip:
Physician Information			
Physician:	Specialty:	Phone:	
Physician:	Specialty:	Phone:	
Physician:	Specialty:	Phone:	
Physician:	Specialty:	Phone:	
Physician:	Specialty:	Phone:	
Physician:	Specialty:	Phone:	
By signing below I understand that I may revoke this permission at any time by calling, emailing or writing to the school nurse. Email: <a href="mailto:nurse@melioraacademy.net">nurse@melioraacademy.net</a>			
Note: This release is valid one year from the signature date.			
Parent Signature _____		Date: _____	