



**CRESWELL
SCHOOL DISTRICT 40**
ONE TEAM, ONE DREAM

998 West A Street Creswell, OR 97426

Permission to Obtain and Release Information

Parent or Guardian of:

Date:

In order for us to obtain information regarding this student, please complete and return one copy to the Creslane Health Office and the other for your files. If you have any questions feel free to contact the district representative listed below.

School District Representative/Contact: David Sanderbrink RN or Jessica Greene, RN
Title: District Nurses
Contact: *Phone: 541.895.6197 Fax: 541.895.6199*

Parent permission to obtain or release information

I, the undersigned, hereby request and authorize (school, agencies, or person)

Release from: Please list appropriate treating physicians

Pediatrician:

Specialist:

Specialist:

The information which I have indicated below for the purpose of: **Health protocols for 26/27 school year.**

Student name:

Date of birth:

Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and the group aptitude and achievement test results).

- Medical and/or related health records and pertinent protocols or orders
- Psychological evaluations or social work reports
- Multidisciplinary team evaluations and related reports
- Appropriate agency reports
- Individualized education programs
- Other (please specify):

Signature of Parent, Legal Guardian or Student

Date

Creslane fax: 541-895-6199
Phone: 541-895-6140

Middle School fax: 541-895-6139
Phone: 541-895-6090

High School fax: 541-895-6089
Phone: 541-895-6020