



**ST. CATHERINE OF SIENA SCHOOL**

*Middle States Accredited*

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 Fax 973-239-1008

[www.scs-school-cedargrovenj.org](http://www.scs-school-cedargrovenj.org)

**AUTHORIZATION FOR EXCHANGE OF  
CONFIDENTIAL INFORMATION**

Student \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

As Parent/Guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of the above student.

This consent is valid for \_\_\_\_\_ school year and is intended to allow the staff to better serve my child.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date