



ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

39 E. Bradford Avenue, Cedar Grove, NJ 07009

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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 2016-2017 school year and is intended to allow the staff to better serve my child.

Sincerely,

Mrs. Colleen Kennedy

RN BSN CSN

School Nurse

Signature of Parent/Guardian

Date