

**Paterson Public Schools
Department of Early Childhood Education
And Abbott Pre School Center**

Authorization For Release of Protected Health Information

Child's Information:

Child's Name: _____

Date of Birth: _____

Address: _____

City

State

Zip

Pre School Center: **CALVARY BAPTIST COMMUNITY CENTER, INC.**

This consent is intended to allow the staff to better serve your child and will be utilized to assure your child's safety in relation to his/her medical condition, allergies and or medication regimes. The information shall not be used for any other purpose.

I (parent/legal guardian) hereby authorize the release of pertinent medical information that I have provided to the Pre School Center staff, Paterson Public School staff, and School Nurse (medical conditions, allergies, and /or medication regimes) to be shared with appropriate professional staff involved in the care of the above named student.

Parent /Guardian Signature

Date