

# Chesterfield Elementary School

Burlington County, New Jersey

## Health Information Release Form

Dear Healthcare Provider:

I give my permission to release my child's health information to the School Nurse at Chesterfield Elementary School upon request.

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

Information needed:

\_\_\_\_\_ Immunization record

\_\_\_\_\_ Most recent physical

\_\_\_\_\_ Latest PPD with results

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_