

# HIGHLANDS SCHOOL DISTRICT

## MEDICAL INFORMATION RELEASE FORM

I hereby give the school nurse permission to inform the appropriate school personnel of my child's health status and information pertinent to any condition(s).

Student's Name \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

Health Status/Condition(s) \_\_\_\_\_

\_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date