

SPRINGFIELD PUBLIC SCHOOLS
SPRINGFIELD, MASSACHUSETTS
DEPARTMENT OF NURSING

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name _____ DOB _____

Address _____

From/To:

School name, address, and telephone number

Van Sickle Academy

1170 Carew St

Springfield, MA 01104

413-750-2887

School Staff requesting/providing information

School Nurse - Abby Frey, RN

Phone: 413-750-2887 ext. 52862

Nurse fax: 413-787-7099

Provider name, address, and telephone number

I authorize the release of all medical information necessary to ensure the health, safety, and continuity of care for my child.

This authorization is valid until the end of current school year 2023-2024.

Parent/Guardian name _____

Signature _____

Date _____

Telephone Numbers _____