



Woodstown-Pilesgrove Regional School District

135 East Avenue, Woodstown, NJ 08098

Virginia M. Grossman
Superintendent of Schools
(856) 769-0144, Ext. 22252
Fax: (856) 769-4549

Rose Wang Chin
Business Administrator
(856) 769-0144, Ext. 22251
Fax: (856) 769-8036

Student Name: (print) _____ Date of Birth: _____

Parent/Guardian Name: (print) _____

I authorize the release of medical information pertaining to the above student to Woodstown Pilesgrove Regional School District from the following Physician or clinical office(s).

1.)

(Physician's name and Organization)

(Physician's Address)

(Physician's phone)

(Physician's Fax)

2.)

(Physician's name and Organization)

(Physician's Address)

(Physician's phone)

(Physician's Fax)

This letter hereby gives permission to Woodstown Pilesgrove Regional School district to obtain medical information relating to _____ from the dates of _____.

Expiration of authorization

This authorization expires in 180 days from the date of signature.

Signature of Parent/Guardian

Date

Witness of Signature

Date