



Jonesboro Public School

Release of Student Information

The purpose of this form is to provide acknowledgement of the parental/guardian authorization to the school caregivers to share information with pertinent school staff that the parent/or nurse deem necessary for the care of _____, a student at _____ school.

I, _____, the legal parent/guardian of the above named student give my permission for the designated caregivers of my child to share medical care information with pertinent school staff. This information shall be disclosed on a need to know basis only pertaining to the care of my child at school, field trips, activities, and other designated school functions.

Pertinent staff includes but not limited to the following:

- ❖ Teachers
- ❖ Counselors
- ❖ Principals
- ❖ School Secretaries
- ❖ Custodians
- ❖ Cafeteria Manager
- ❖ Transportation

Signature: _____

Printed Name: _____

Date: ___/___/___

Nurse: _____

Verbal Acknowledgement of Release of Student Medical Information

Consent for release of student medical information was received on ___/___/___ by phone/ in person from _____ (parent/guardian) was received by _____.