

SACRED HEART SCHOOL
620 VALLEY BROOK AVENUE
LYNDHURST, NJ 07071

September, 2023

Dear Parents,

Due to the recently passed Privacy Act, I am now required to have your permission to share any allergies or conditions your child has with the appropriate faculty and staff members. Also, on occasion, I have had to contact a physician to clarify immunization dates or medication orders.

This release form will allow me to continue doing that. I would appreciate it if you would sign the release form on the reverse side as soon as possible and return it to me by, **September 10^h**.

If you have any questions, please contact me at 201-939-4277.

Thank you,

A handwritten signature in cursive script that reads "Leyla Pazmino".

Leyla Pazmino
School Nurse

**Parent/Guardian Permission to
Release and Exchange Confidential Information Form**

**I hereby authorize an exchange of information to occur between
the School Nurse and the Faculty and Staff of Sacred Heart School, and
my child's physician by fax or phone.**

Please Print

Physician's Name: _____

Physician's Phone Number: _____ - _____ - _____

Physician's Fax Number: _____ - _____ - _____

_____ **Student's Name** _____ **Grade**

This authorization is in effect for the School Year 2023-2024

_____ **Signature of Parent/Guardian** _____ **Date**