



HEALTH OFFICE

**OTTER VALLEY UNION HIGH SCHOOL
2997 FRANKLIN STREET
BRANDON, VERMONT 05733
247-6833 X247 FAX 247-4627**

According to a new federal law effective April 2003, schools are required to obtain a signed release/exchange of information from a parent/guardian to contact a student's medical provider. Please sign and return this form to the school nurse.

I, _____ give consent to Otter Valley Union High
(Parent/guardian)

School to release/exchange health information concerning

_____ (Date of Birth) _____ to/ from
(student)

all of the checked below:

_____ Department of Social Welfare

_____ Student's Physician _____

_____ Mental Health Agency _____

_____ Other _____

_____ Other _____

Parent/Guardian Signature _____ Date _____

This consent shall be in effect as long as the student attends Otter Valley UHS. Sending a written notice of revocation to the school nurse may revoke this consent.

