



Paterson Public Schools  
Department of Early Childhood Education  
And  
Abbott Preschool Centers

## Authorization for Release of Protected Health Information

Child's Information:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Preschool Center: Paterson Day Care 100

*This consent is intended to allow the staff to better serve your child and will be utilized to assure your child's safety in relation to his/her assessment scores, behavior, attendance, medical condition, allergies, and or medication regimes and/or any other instructional declarative. The information shall not be used for any other purpose.*

*I (parent/legal guardian) hereby authorize the release of pertinent medical information that I have provided to the Preschool Center Staff, Paterson Public Schools Staff, and School Nurse ( medical conditions, allergies, and/or medication regimes ) to be shared with appropriate professional staff involved in the care of the above named student.*

\_\_\_\_\_  
Parent's / Guardians Signature

\_\_\_\_\_  
Date