

OAK HILL SCHOOL

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David Mitchell
Executive Director

Authorization to Release Information to Oak Hill School

Date

This consent form authorizes Oak Hill School to contact your child's primary care provider and receive copies of their most recent physical exam and immunization records. Please sign and return this form immediately.

Thank You,
Oak Hill School Nurse
Carol Mone, RN

Signed: _____ Date: _____

Relationship to Student: _____

Name and Phone Number of Primary Care Provider: _____
