

# OAK HILL SCHOOL

39 Charlton Road, Scotia, NY 12302

Telephone: 518-399-5048 Ext.110

FAX: 518-399-6140

E-mail: oakhill@oakhill.org

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David Mitchell  
Executive Director

## Authorization to Release Information to Oak Hill School

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Date

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

Thank You,

Oak Hill School Nurses  
Carol Mone, RN  
Margaret Snyder, RN

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student name \_\_\_\_\_

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

Name and Phone Number of Medical Service provider & Primary Care  
Providers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_