

Salem Central School Health Office  
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**RELEASE TO EXCHANGE CONFIDENTIAL MEDICAL INFORMATION**

I, \_\_\_\_\_ authorize the Salem Central School Nurse to exchange medical  
(Name of Parent/ Guardian)  
information regarding \_\_\_\_\_ with their Doctor's office / Medical Care  
(Student's name)  
Center for the purpose of updating their school health records with the information from previous  
and recent physical examinations and immunization updates.

List any information you would like restricted here: \_\_\_\_\_  
\_\_\_\_\_.

This authorization will be in force and in effect for one of the following time periods:  
(Please check one)

- Throughout the current school year only**
- Until your child graduates**
- Unless you decide to cancel this in writing**

Doctor's / Health Care Provider's office name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

This release has been authorized by:

Signed by & Relationship: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Signature \_\_\_\_\_