



**Health Services**  
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[www.sjredwings.org](http://www.sjredwings.org)

## Parental Permission for Release or Exchange Of Confidential Information

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Name of Individual or Agency)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City) (State) (Zip)

It is with my full knowledge and consent that I authorize the release and/or exchange of confidential information concerning \_\_\_\_\_  
 (Student's Name) (Birth Date)

between the above named agency or individual(s) and \_\_\_\_\_  
 (Name of Individual(s))

of St. Johns Public Schools.

I understand this information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel. I understand this permission will continue to be in effect as long as the student is enrolled in St. Johns Public School, unless revoked in writing. Any and all information pertinent to the health, education and social development of my child may be released and/or exchanged. This information is to be used for health, guidance and educational purposes.

Signed: \_\_\_\_\_  
 (Parent or Guardian)  
 \_\_\_\_\_  
 (Student)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City, State, Zip)  
 \_\_\_\_\_  
 (Telephone)