



# Marcus Whitman Central School District

4100 Baldwin Road · Rushville, New York 14544-9799

## Request for Medical Information

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### I authorize information released from:

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Address

**Please send my records to:  
MWCS  
#4100 Baldwin Road  
Rushville, NY 14544-9799  
Attention Health Office M. Rohring RN  
FAX 585-554-4810**

### Specific Type of Information to be Released:

\_\_\_ Last Physical date and data

\_\_\_ Medication orders

\_\_\_ Immunizations

\_\_\_ Allergies/reactions

\_\_\_ Clearance or restrictions for participation in PE/Sports/ work permit issuance

\_\_\_ Other, specifically \_\_\_\_\_

\_\_\_\_\_  
Signature of legally responsible adult & relationship

\_\_\_\_\_  
Date