

- ◆ I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.
- ◆ I authorize exchange of information with my child's physician for required school physical examination, immunization records, and health concerns.
- ◆ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Students entering Pre-K, Kindergarten, 3rd, 6th, 9th, 11th Grades & Transfers need to provide:

- Current **IMMUNIZATION RECORD**
- The **STUDENT PHYSICAL EXAM** Form - must be completed & signed by their PCP.
- The **STUDENT HEALTH HISTORY / MEDICATION PERMISSION** completed annually by parent/guardian.

If you are unable to meet these requirements because of financial, religious, or other considerations, or if you have any questions/concerns that you would like to discuss, please don't hesitate to contact your building school nurse:

HEALTH SERVICES TEAM

Freeport High School

Phone: 865-4706 x4

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Mast Landing School

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Durham Community School

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