

CONEWAGO VALLEY SCHOOL DISTRICT

130 Berlin Road · New Oxford, PA 17350 · (717) 624-2157 · Fax (717) 624-5020

CONEWAGO VALLEY SCHOOL DISTRICT MEDICAL RELEASE FORM

I hereby authorize the release of my child's medical/immunization records from

_____ *to the Conewago Valley*
(doctor's office)
School District.

Child's Name: _____

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____