



# SADDLE RIVER DAY SCHOOL

147 Chestnut Ridge Road • Saddle River, NJ 07458 • 201-327-4050 • www.saddleriverday.org

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## REQUEST FOR MEDICAL RECORDS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_

### TO PARENTS/GUARDIANS:

The student whose name appears on this form has been accepted for admission to Saddle River Day School. This form is to authorize the Health Administrator(s) of your child's present school to release copies of all health records to Saddle River Day School. Please deliver this form to your child's present school at your earliest convenience.

### TO SCHOOL HEALTH ADMINISTRATOR(S)

#### AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family and Privacy Act of 1974, the undersigned hereby consents to the release of all medical records of the above named student to Saddle River Day School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Transferring School: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please forward this information within two weeks of request to:*

Attention: School Nurse  
Saddle River Day School  
147 Chestnut Ridge Road  
Saddle River, NJ 07458