

# Cohasset Public Schools

## MEDICAL INFORMATION RELEASE FORM

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

CHILD'S TEACHER \_\_\_\_\_

GRADE \_\_\_\_\_

MEDICAL CONDITION \_\_\_\_\_

I GIVE MY PERMISSION TO THE SCHOOL NURSE TO SHARE PERTINENT INFORMATION ON MY CHILD'S HEALTH CONDITION WITH APPROPRIATE SCHOOL PERSONNEL AND TOWN EMERGENCY MEDICAL PERSONNEL IN ORDER TO BETTER ASSURE MY CHILD'S HEALTH AND SAFETY NEEDS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
(PRINT NAME)

**Cohasset Middle High School`  
143 Pond Street**

**Deer Hill School  
208 Sohier Street**

**Joseph Osgood School  
210 Sohier Street**

**Phone: 781-383-6100  
Fax: 781-383-4168**

**781-383-6115  
781-383-6791**

**781-383-6117  
781-383-9087**

**Cohasset, Massachusetts 02025**