



UNION COUNTY VOCATIONAL - TECHNICAL SCHOOLS

1776 Raritan Road, Scotch Plains, New Jersey 07076-2997
(908) 889-8288 Ext. 405 Fax: (908) 889-1599 www.ucvts.org
Nurse's Office

Permission to Release Health Information

Dear Parent/Guardian,

It has come to my attention that your child, (please print student name) _____
who attends (please circle one) AAHS, AIT, APA, MHS, or UCT has a history of (please print)

_____.

To ensure the health and safety of your child, it is important that your child's teachers are notified of this condition.

Please complete and sign the form below regarding permission for our office to notify your child's teacher of his/her medical condition. This form should be returned to the Nurse's Office promptly.

Yours truly,
Union County Vocational-Technical Schools School Nurse

_____ Yes, I give permission for the nurse to notify my child's teachers of his her/health condition.
_____ No, I do not give permission for the nurse to notify my child's teachers of his her/health condition.

Parent/ Guardian Signature

Date