

Sussex-Wantage Regional School District
27 Bank Street, Sussex, New Jersey 07461
(973) 875-3175 FAX (973) 875-7175

Permission to Release/Obtain Information

I hereby give permission to the Sussex-Wantage Regional School Nurse, and related personnel to release/obtain information about my child _____,

who attends ☐ Lawrence School ☐ Wantage School ☐ Sussex Middle School

I understand that this permission will be granted for a one year period from the date below.

To/From: _____

Signature(s)

Date

Relationship

Pam Flynn, RN, BSN ☐
School Nurse
Clifton E. Lawrence School
31 Ryan Road
Wantage, NJ 07461
973-875-8820 Option 2
Fax: 973- 875-8933

Deb Fisher. RN, BSN ☐
School Nurse
Wantage School
815 Route 23
Sussex, NJ 07461
973-875-4589 Option 4
Fax: 973-875-2184

Harriet Anderson, RN, BSN ☐
School Nurse
Sussex Middle School
10 Loomis Avenue
Sussex, NJ 07461
973-875-4138 Option 5
Fax: 973-875-6790