



Consent to Share Medical Information For New Students Only

Please read the following statement, indicate your choice for consent, sign and return this form to EVCS.

The school nurse has my permission to share medical information concerning my child with my health provider, and thier medical staff, for the duration of the child's enrollment in the Elmwood Village Charter Schools and may be rescinded by any party at any time.

Yes

No

Student's medical provider(s) – including specialists

Name	Address	Phone number

Student Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Confidential Fax Line: Days Park: 716-884-0010

Confidential Fax Line: Hertel: 716-464-3560