

**SCHOOL HEALTH SERVICES
RSU 40
320 Manktown Road
Waldoboro, Maine 04572
(207) 832-8109
Fax (207) 832-8256**

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Dear Parent/Guardian,

Please complete this form, sign below and return to the above address.

This is an authorization to exchange medical information with _____
(Physician or Agency)
and RSU 40 concerning services for:

Student's Name: _____

Student's Date of Birth: _____

Signed: _____
(Parent/Guardian)

Date: _____

Physician/Agency Information Below:

Physician's/Agency's Address:

Physician's/Agency's Telephone Number: _____

Physician's/Agency's Fax Number: _____