

## **MONTGOMERY TOWNSHIP SCHOOLS**

Montgomery Middle School Upper Campus 375 Burnt Hill Rd. Skillman, NJ 08558 Telephone (609) 466-7603 www.mtsd.k12.nj.us

Mark Accardi
Principal

**Meghan Moore** *Vice Principal* 

## Health Services

## **AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Student Name	Date of Birth
Grade	
Grade	
I authorize Eileen Cappabian	nca, BA, RN, CSN, or Karen Rarich, RN to release medical records to:
Name of School	l - Attn: School Nurse
Address of Scho	pol
It is understood that this info best interest of the named st	ormation will be used in a confidential and professional manner in the
oest interest of the named st	udon.
nature of Parent or Guardian	<del></del>
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