

# SCHOOL ADMINISTRATIVE DISTRICT NO.59

Monica Beach, BSN, RN School Nurse  
Heather Sadler, BSN, RN School Nurse  
Madison School District  
Telephone : (207) 696-4607  
Fax: (207) 696-5639

## PARENT RELEASE FORM FOR MEDICAL INFORMATION

I am requesting the release of information from:

Medical Provider Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Specific Information to be released:

- Immunization Record
  - Asthma Care Plan
  - Physical Examination
  - Other Specified: \_\_\_\_\_
- \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX TO:**

Monica Beach R.N., BSN \_\_\_\_\_