

Adirondack Senior High School

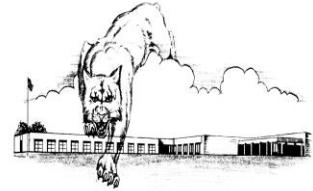
8181 State Route 294

Boonville, NY 13309

Phone: 315-942-9200, ext. 5500

Fax: 315-942-9254

www.adirondackcsd.org



MEDICAL INFORMATION RELEASE FORM

I, _____,

parent of _____

do hereby authorize the Adirondack Central School to make all necessary inquiries of, speak to,
and/or to request release of necessary records for my child.

DATE: _____

SIGNATURE: _____

Name of Dr./Agency: _____

Address: _____

Telephone No.: _____