

Smithfield Public Schools
Parent/ Guardian Authorization Form
Release of Health Information For After School Program

I authorize the release of the following health information to after school program volunteers and providers who may act in a supervisory capacity with my child. A copy of this document will be provided to emergency medical responders.

Student: _____ Grade: _____

Health Information/ Problem: _____

Parent/ Guardian Name(s): _____

Emergency Number(s): _____

In the case of an apparent medical emergency, 911 will be called and the parent/ guardian contacted using the emergency numbers as listed above.

Parent/ Guardian Signature: _____

Date: _____