

**Richard Butler School**  
30 Pearl Place, Butler N.J. 07405  
Telephone: 973-492-2079 ex. 2510  
Fax: 973-492-9774

## **Authorization for Exchange of Confidential Information**

Please complete, sign and return to Mrs. Lee

Student \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

**As Parent/Guardian of the above named student, I hereby authorize the release of pertinent medical information (ex. allergies, asthma, diabetes), to be exchanged among appropriate professional staff involved in the care of the above student. This information will only be shared on a “need to know” and confidential basis. This consent is valid for the 2020 - 2021 school years and is intended to allow the staff to better serve my child.**

\_\_\_\_\_  
Signature of Parent/Guardian

Home number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Work number: \_\_\_\_\_