

Richard Butler Middle School



Butler Public Schools

3 Pearl Place
Butler, NJ 07405
973-492-2079
www.butlerboe.org/rbs
#smalltownbigheart #bdogpride

Mrs. Michelle Papa, Principal
mpapa@butlerboe.org

Authorization for Exchange of Confidential Information

Please complete, sign and return to Nurse

Student Name _____

Date _____

Date of Birth _____

Grade _____

As the parent/guardian of the above named student, I hereby authorize the release of pertinent medical information 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 _____ school year and is intended to allow the staff to better serve my child.

Signature of Parent/Gaurdian _____

Phone Number _____

Emily Vanderhoff RN, BSN, CSN-NJ

RBS School Nurse