

**SCHOOL HEALTH SERVICES
RSU 40
PO Box 701
1070 Heald Highway
Union, Maine 04862
207-785-2277 Ext 224
Fax 207-785-3124**

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Dear Parent/Guardian,

Please complete this form, sign below and return to the above address.

This is an authorization to exchange medical information with _____
(Physician or Agency)
and RSU 40 concerning services for:

Student's Name: _____

Student's Date of Birth: _____

Signed: _____
(Parent/Guardian)

Date: _____

Physician/Agency Information Below:

Physician's/Agency's Address:

Physician's/Agency's Telephone Number: _____

Physician's/Agency's Fax Number: _____