RELEASE OF INFORMATION

Tapestry Charter School, Grades K-5
Health Office

Student Name	
DOB	
Parent/Guardian	
Address	
City/State/Zip	
Phone	

I hereby authorize the release of the following information necessary for health care to:	
Return to:	Tapestry Charter School, K-5
Address	111 Great Arrow Street, Buffalo, NY 14216 PHONE: 716-332-0754 FAX: 716-877-2013

FROM:			
Health care provider			
Address			
Phone		**Fax**	
Regarding (Name)			
Specific Information			

Signature of Parent/Guardian	
Relationship to student	
Date	