

RELEASE OF INFORMATION

Tapestry Charter School, Grades K-4 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 (TCS), K-4
Address	111 Great Arrow Street, Buffalo, NY 14216 PHONE: 716-332-0754 FAX: 716-877-2013

FROM:	
Health care provider	
Address	
Phone	Fax
Specific information authorized for release to TCS	

Signature of Parent/Guardian	
Relationship to student	
Date	