Tapestry Charter School Health Office, Grades K-4

RELEASE OF INFORMATION 2022-23

Student Name				
D.O.B.				
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-4, Attention: NURSE			
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 of student)				
Specific Information				
Signature of Parent/Guardian				
Relationship to				
student				
Date				