

Tapestry Charter School Health Office, Grades K-4

RELEASE OF INFORMATION
2024-25

Student Name	
Date of Birth.	
Parent/Guardian	
Address	
City/State/Zip	
Phone	

I hereby authorize the release of the following information necessary for health care to:

Tapestry Charter School, 111 Great Arrow Avenue, Buffalo, NY 14216

Phone: 716-332-0754 Fax: 877-2013

Print Name of Parent/Guardian	
Signature of Parent/Guardian	
Relationship to student	

Information being released is from the following health care provider:

Name of Health Care Provider			
Address			
Phone		Fax	
Specific Information			