

Tapestry Charter School Health Office, Grades K-4

RELEASE OF INFORMATION
2025-26

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		