

Calvary Christian Academy
Happy Day Learning Center

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL
INFORMATION**

STUDENT _____ DATE _____

DATE OF BIRTH _____ GRADE _____

As the Parent/Guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff involved in the care of the above student. This consent is intended to allow the staff to better serve my child.

Signature of Parent/Guardian

Date