

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

"Dedicated to Learning, Thinking, and Growing"

184 Hancock Road, Peterborough, NH 03458 (603) 924-3869

RELEASE OF INFORMATION

This is to certify that I, _____, parent or legal guardian for _____ (student) do hereby give permission for the designated staff member of ConVal High School to talk with the therapist, psychiatrist, or physician practitioner for my child. This contract shall be for sharing information which may benefit the overall health of my child. I may rescind this release at any time in writing. Barring its cancellation, this document shall be in effect for as long as the student is enrolled at ConVal High School.

Signatures:

(parent or guardian) Date _____

(designated staff member) Date _____

(position)