



Plainview-Old Bethpage Central School District
Administrative Annex ~ Pupil Personnel Services
33 Bedford Road, Plainview, NY 11803

(516) 434-3020

CONSENT TO EXCHANGE AND DISCLOSE
MEDICAL RECORDS AND INFORMATION

I _____, parent of _____,
a student in the Plainview-Old Bethpage Central School District, hereby authorize the
Plainview-Old Bethpage Central School District, its employees, staff and/or agents to
disclose, discuss and exchange medical information and records regarding my child
_____ to and with _____ (provider name) as needed
for educational purposes.

Provider Phone: _____ Provider Fax: _____

Date

Parent Name

Parent Signature

Relationship to Student