



Plainview-Old Bethpage Central School District

**Administrative Annex
33 Bedford Road, Plainview, NY 11803
Pupil Personnel Services**

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**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 medical/educational
purposes.

Provider Phone: _____ Provider Fax: _____

Date

Parent Name

Parent Signature

Relationship to Student