McKenzie School
Joann Saab RN, MSN, APN, CSN
Certified School Nurse
Ph – 201-531-1235 ext. 4006
Fax – 201-531-1491
Jsaab@erboe.net

East Rutherford School District
Nursing Department
East Rutherford, New Jersey 07073

A.S. Faust Middle School
Kristin Pacelli, RN
Ph – 201-804-9694
Fax – 201-804-3131
Kpacelli@erboe.net

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

STUDENT_____

DATE OF BIRTH_____

DATE_____

TEACHER_____

As 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 with my child. This consent is valid for the time my child is registered with the East Rutherford School District and is intended to allow the school staff to better serve my child.

Signature of Parent/Guardian **Date**