



Inspiring Growth in Knowledge and Faith

HEALTH OFFICE RELEASE OF INFORMATION CONSENT FORM

I give my permission to release information/recommendations of a medical/health related nature to the JCA Faculty/Staff. Information will be communicated confidentially and as appropriate for your child. We are committed to providing the best possible care for your child in regard to their health related needs.

Name: _____

Grade Level (circle one): 9 10 11 12

Medical Conditions/Information to be communicated:

Parent Signature: _____ Date: _____

Student Signature: (If 18 yrs. Old) _____ Date: _____