

HEALTH RECORD RELEASE FORM

PARENT/GUARDIAN: Please fill this out, sign it, and return to the Cathedral Health Office.

TO WHOM IT MAY CONCERN:



YES

I give consent to release my child's health and immunization records to Cathedral High School.

NAME OF STUDENT

STUDENT ADDRESS

PHONE

PARENT/GUARDIAN SIGNATURE

DATE



CATHEDRAL
7-12 HIGH SCHOOL • BOSTON

PLEASE RETURN THIS COMPLETED FORM TO:

MAIL: Cathedral 7-12 High School, *Health Office*, 74 Union Park St., Boston MA 02118

FAX: (617) 542-1745