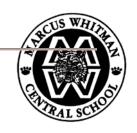


## Marcus Whitman Central School District



4100 Baldwin Road · Rushville, New York 14544-9799

Request for 1	Medical Information	
Student:		
Current Address:		
Phone:		
I authorize information released from	om:	
Name of Physician		
Address		
	nd my records to:	
_	MWCSD	
	Baldwin Road	
	e, NY 14544-9799	r
	h Office M. Rohring RN 585-554-4810	
FAA	303-334-4010	
Specific Type of Ir	nformation to be Release	ed:
Last Physical date and data	Medication orde	ers
Immunizations	Allergies/reactions	
Clearance or restrictions for par	ticipation in PE/Sports/ w	ork permit issuance
Other, specifically		
·		
Signature of legally responsible adult	& relationship	Date