



Plattsburgh Campus, 518-561-0100 FAX 518-561-5624
Mineville Campus, 518-942-6691 FAX 518-942-3368

PO Box 455, Plattsburgh, NY 12901 518-561-0100 FAX 518-561-5624 www.cves.org

CVES MISSION

CVES, in partnership with local school districts and their communities, the Board of Regents and the Commissioner of Education, will be a leader in providing quality, cost-effective programs and services that support school districts and their communities to achieve higher standards through enhanced educational opportunities.

Dear Parents/Guardians:

SUBJECT: RELEASE OF INFORMATION FORM

According to New York state confidentiality laws, we are unable to release medical information about students to anyone without parent or guardian consent. This form enables teachers, teaching assistants, bus drivers, or anyone specified to receive information about your child on a need to know basis. Please specify who you would like to have access to this information. If you have any questions, please call us.

Sincerely,

Dawn Abar, R.N. (Plattsburgh Campus)

Sue Barton, R.N. (Plattsburgh Campus)

Nancy Davidson, R.N. (Plattsburgh Campus)

Kelly Tursky, R.N. (Mineville Campus)

.....
I, UNDERSIGNED PARENT/GUARDAIN OF _____,
Child's Full Name

DOB: _____, do hereby give Champlain Valley Educational Services and its authorized staff permission to share medical information relating to my child to related school staff. I understand that all such information will be treated as confidential and privileged.

Signature of Parent/Guardian: _____

Date: _____