

WEeping WATER PUBLIC SCHOOLS

204 WEST O STREET, PO BOX 206
WEeping WATER NE 68463
PHONE: 402-267-2445 FAX: 402-267-5217

"The mission of Weeping Water Public Schools, \Every Student, Every Day, Life Long Learning Is The Weeping Water Way"

Waiver of Confidentiality rights from school to doctor's office

Student _____ DOB _____ Today Date _____
Address _____

Parents/Legal Guardian _____ Phone number _____
Address _____

Doctors name _____ Phone _____
Address _____

As the parent/legal guardian of _____, I hereby give permission for Weeping Water Public Schools to contact the above doctor's clinic or office confirming that _____ did receive, attend the clinic/doctor's office or to clarify any questions for the student being absent, accident, injury or sickness from school.

I authorize all licensed physicians, dentists, technicians, nurses and other medical staff to inform the Weeping Water Public Schools regarding any and all appointments that were attended by the students name above as he/she being absent/gone from school.

I hereby release these rights to Weeping Water Public Schools.

Parent: _____

Guardian: _____