



Physician Release Form

The Windsor Schools like to utilize all the resources available to further enhance and support the education of your child. One important way to do this is to have your child's doctor communicate with your child's school nurse.

We encourage you to complete and return the lower section of this letter as soon as possible, thus allowing for your child's school nurse to contact your doctor.

I hereby give Windsor Schools permission to speak with my child's doctor.

Student's Name

Parent's Signature & Date

Doctor's Name & Doctor's Phone #