



**HOLDEN HIGH SCHOOL MEDICAL RELEASE FORM**

This release includes access to confidential information including but not limited to information held by MD's, Therapists, Counselors, and Schools.

The signatures below authorize the release and transfer of written and/or verbal information, as well as records, pertaining to \_\_\_\_\_ from:

(Student's name, printed)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ and

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_ and

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To Holden High School, 10 Irwin Way Orinda, CA 94563, 925/254-0199, Fax 925/254-6130 and to Holden High School from the above. Again, the undersigned Parent or guardian authorize and grant permission for the transfer and release of any verbal and/or written information or records, including confidential material, to Holden High School and from Holden High School.

\_\_\_\_\_  
date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Signature of parent or guardian