



Franklin Public Schools
Office of the Superintendent
355 East Central Street; Suite 3
Franklin, Massachusetts 02038
Phone: 508-553-4819

Release of Information

Child's Name _____ Date of Birth _____

Home Address _____

On occasion, there is a need to follow up with the individuals who have provided written information on your child. We ask that you consider signing the releases below in the event that clarification or further information is needed to better understand and support your child as he/she enters kindergarten.

Physician Release

☐ I **do** give permission for *Franklin Public Schools personnel* to engage in verbal conversations with my child's pediatrician/primary care physician

☐ I **do not** give permission for *Franklin Public Schools personnel* to engage in verbal conversations with my child's pediatrician/primary care physician

Physician Name: _____

Address: _____

Phone: _____

Preschool/Nursery School/Day Care Release

☐ I **do** give permission for *Franklin Public Schools Kindergarten Teachers* to engage in verbal conversations with my child's preschool, nursery school, or day care provider.

☐ I **do not** give permission for *Franklin Public Schools Kindergarten Teachers* to engage in verbal conversations with my child's preschool, nursery school, or day care provider.

Preschool/Nursery School/Day Care Name: _____

Address: _____

Phone: _____

Signature of Parent/Guardian

Date