



# The Learning Center at Bethel Ridge

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## Release of Information

Student: \_\_\_\_\_ Age: \_\_\_\_\_

### Requesting the release of the following information:

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Condition (example: seizures, heart condition, diabetes etc.):

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

Medications Currently Taking:

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

Behaviors that we should be aware of:

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

I \_\_\_\_\_, do hereby release the requested information to **Bethel Ridge**.

Student/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_