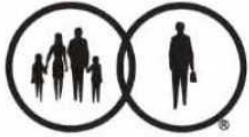


Valley View Family Practice Associates

213 State Route 245
Rushville, NY 14544
585-554-3119



198 Parrish St.
Canandaigua, NY 14424
585-394-4920

Geoffrey P. Ostrander, M.D.
Robert J. Ostrander, M.D.
Donna J. Schue, M.D.
Christine E. Rose, PA

John J. D'Amore, M.D.

RELEASE OF MEDICAL INFORMATION TO SCHOOL DISTRICT

Student's Name: _____ DOB: _____

As stated in our Notice of Privacy Practices, we may only disclose information to whom you identify. Schools typically require physicals and immunizations be shared, occasionally, and only with your explicit permission we may share more. If you do not wish to share anything with your child's school, please indicate that in writing. (Can use the back of this form)

I, _____ parent/guardian of child above give Valley View Family Practice permission to forward copies of my Childs record to the school district indicated below.

Please Check One:

_____ Marcus Whitman _____ Bloomfield

_____ Canandaigua _____ Midlakes

_____ Naples _____ Penn Yan

_____ Geneva _____ Victor

_____ Other (write in) _____

Parent/Guardian Signature Date: _____