



**RELEASE OF HEALTH INFORMATION  
(PRESCHOOL AND PRE-KINDERGARTEN)  
(2018-2019)**

I, the undersigned, give permission to The International School of Minnesota's health care consultant to examine the following health records for the purpose of determining that the forms are complete and on file at The International School of Minnesota:

Pupil Health Immunization Record

Health Examination

Annual Health Update

The health care consultant is a public health nurse from Hennepin County Community Health Department (Child Care Consultation Program).

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date