



AUTHORIZATION TO SHARE "PROTECTED HEALTH INFORMATION"

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I authorize you to release the protected health information of my minor child,

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Child's Name

to the following Bolles School representatives:

Darcy Scott, BSN, Director of Health Services  
Rhonda Ryan, Director of Residential Life, Bartram Campus  
Michael Boswell, Director of Residential Life, San Jose Campus

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Name of Parent/Guardian (Please print)

Date

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Signature of Parent/Guardian

**This authorization will expire August 31, 2010**

Darcy Scott, BSN, Director of Health Services  
(904) 256-5107  
E-mail: scottd@bolles.org