
Parent/Caregiver Authorization

I, _____, consent to the release of the following

(parent/caregiver name)

Information to the NWSD Board of Education regarding my

child _____.

(student name)

Parent/Caregiver Signature: _____ Date: _____

Physician's Report

1. In your opinion, is _____ currently medically able to return to a school?

YES

NO

If "NO" NWSD will provide a Remote Learning Option for the student.

2. Is _____ medically able to return to school following the masking guidelines above?

YES

NO

- a. If "NO" please outline the medical condition that prevents _____ from following these guidelines.

- b. If "NO" please provide alternative recommendations for _____ to return to school safely.

Signature of Physician: _____ Date: _____