

STUDENT NAME: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

**Parent Social Security Number and Date of Birth**

When we take students for medical care, medical professionals require the social security number and date of birth of the insured party. We understand that social security numbers are sensitive identity information, and we will only release the numbers if we have your permission to do so and only for medical insurance purposes. It is also our school policy to destroy documents with personal information on them at the end of every school year.

**Social security number information on this form will otherwise be kept in a locked file. (*Information for only the parent who carries insurance is needed.*)**

\_\_\_\_\_  
Parent Name Social Security #

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

*I give the staff members at Hershey Montessori School permission to release this information for medical insurance purposes only.*

\_\_\_\_\_  
Parent Signature Date

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\_\_\_\_\_  
Parent Name Social Security #

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

*I give the staff members at Hershey Montessori School permission to release this information for medical insurance purposes only.*

\_\_\_\_\_  
Parent Signature Date