17B



STUDENT NAME:	Student Date of Birth:
Parent Social Security Number and Date of Birth	
number and date of birth of the <u>insured part</u> are sensitive identity information, and we w	edical professionals require the social security ty. We understand that social security numbers will only release the numbers if we have your surance purposes. It is also our school policy to on on them at the end of every school year.
Social security number information on the in a locked file. (Information for only the	<u>-</u>
Parent Name	Social Security #
Parent Date of Birth	_
I give the staff members at Hershey Montes information for medical insurance purpose.	-
Parent Signature	Date
************	*********
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