ST. THOMAS AQUINAS
HIGH SCHOOL

197 Dover Point Road, Dover, NH 03820
603 742 3206 fax 603 749 7822
www.stalux.org

Mutual Sharing Permission

_____
(*Patient/Student*)

I _____ give permission for _____
(*Parent/Guardian*) (*Physician - print*)

and _____ to communicate with the
(*Medical Office of Physician*)

St. Thomas Aquinas Medical Team regarding medical issues and documents for my child.

Medical Office

Phone: _____ Fax: _____

Address: _____ Town: _____ State: ____ Zip: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

St. Thomas Aquinas Medical Team
Heather Kodzis, BA Psych, BSN RN
Ashley Leighton, BS, NHLAT, ATC
Medical@stalux.org