

**SPECIAL EDUCATION
WENATCHEE SCHOOL DISTRICT
112 South Elliott
Wenatchee, WA 98801
(509) 663-7117**

Date: _____

PARENT PERMISSION FOR MEDICAL CONSULTATION

I hereby grant permission to the Special Education Department of the Wenatchee Schools to consult my child's physician and/or request medical records pertinent to my child's educational evaluation and placement.

Child's Name: _____

Birth Date: _____

Reports requested from: _____

Address: _____

Signature of Parent/Guardian/Student

Date