

**LINCOLN STREET SCHOOL**  
25 Lincoln Street  
Exeter NH, 03833  
(603)775-8860      FAX: (603)775-8968

**J. Andrew Bairstow**

*Principal*

**Jan Smith**

*Assistant Principal*

**Mary Manin, RN**

*School Nurse*

The Lincoln Street School Health Office is in the process of developing or updating the Health Plan for the student named below. You will find written parent/guardian permission for the release of the relevant information listed below. We appreciate your attention to this request and invite you to share your professional opinion regarding this student's needs while at school. If you have any questions or concerns regarding this release, please notify us as soon as possible. Thank you for your time and attention to this matter.

Sincerely,

Mary P. Manin, RN, BS  
School Nurse

**PARENTAL/GUARDIAN PERMISSION TO RELEASE INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for Lincoln Street School to obtain information requested below regarding my child.

Type of conflict:

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