

**WILSON COUNTY SCHOOLS  
Sick Leave Bank**

351 Stumpy Lane, Lebanon, TN 37090  
Phone: 615-444-3282 Fax: 615-449-3858

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION  
TO BE COMPLETED BY PATIENT AND RETURNED**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize the undersigned physician to release any information acquired in the course of my examination or treatment.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Physician's Name (Print) \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Brief Description of Illness (Layman's Language Please)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If still disabled, date patient should be able to return to work: \_\_\_\_\_

Patient was under my care and unable to work: From: \_\_\_\_\_ Through: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO PATIENT FOR SUBMISSION WITH SICK LEAVE REQUEST FORM**