

GILL ELEMENTARY SCHOOL

48 Boyle Rd.
Gill, MA 01354

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*Inspiring And Nurturing Curiosity, Compassion And Perseverance In Each Student-
Within A Community That Promotes A Love Of Learning.*

I _____, the parent/guardian of _____

Give my permission to the school nurse to share information about my child with the bus company and the bus drivers who have a need to know about my child's medical condition in order to plan for my child's safety on the bus.

Signed: _____

Printed Name: _____

Date: _____