



125 North Plains Industrial Road
Wallingford, CT 06492
(203) 793-1905
Fax (203) 793-1909

I give my permission for Dr. Joe Avni-Singer, Benhaven's medical director, to speak with my son/daughter _____'s
(please print child's name)

(Date of Birth: _____) physician(s) regarding admission to Benhaven School.

Signed: _____

Date: _____

Physician's Name and Phone Number: _____

Psychiatrist's Name and Phone Number: _____

Neurologist's Name and Phone Number: _____