



## Information Release/Sharing Form

Child's Name:	Date of Birth:
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I, the parent of legal guardian of the above child, grant permission for the following records/information to be exchanged between the parties identified below. This permission will remain in effect until otherwise notified of changes in writing; parents or guardians may request to change this information at any time.

Name of person(s):
Name of agency:
Address of agency:
Phone number of agency:
Fax number of agency:

AND

Name of person(s):
Name of agency:
Address of agency:
Phone number of agency:
Fax number of agency:

Specific records/information permitted:

<input type="checkbox"/> Medical information including: _____
<input type="checkbox"/> Emergency contact information including: _____
<input type="checkbox"/> Developmental assessments and behavioral reports including: _____
<input type="checkbox"/> Other information including: _____

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Director review: \_\_\_\_\_ Date \_\_\_\_\_