

Appendix J

Authorization for Release of Information

I, _____, give permission for
PARENT OR LEGAL GUARDIAN (PRINT)

PROFESSIONAL/FACILITY

to release to _____ the following information:
RECEIVING PROFESSIONAL/AGENCY

CONCERNS, SCREENINGS, OBSERVATIONS, DIAGNOSES AND TREATMENTS, RECOMMENDATIONS

This consent is voluntary and may be withdrawn by written notice at any time. The information will be used solely to plan and coordinate the care of my child, will be kept confidential, and may only be shared with

TITLE/NAME OF STAFF MEMBER

Child's Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

STAFF MEMBER TO BE CONTACTED FOR ADDITIONAL INFORMATION