

I understand that this information will be used for developing and implementing intervention plans for my child and family. My consent is given voluntarily and is valid for up to one year from the date below. I understand that I may withdraw this consent at any time.

Signed: _____ Date: _____

Witness: _____

I am this child's ___parent ___guardian ___authorized representative.

Please return this form and or records to: Agency Name at the address listed below.

Name

Agency

Street Address

City, State, Zip

Phone Number

SAMPLE CONSENT FOR EXCHANGE OF INFORMATION

AGENCY NAME

I hereby authorize the following agencies/physicians/professionals to share confidential information concerning my child _____ Date of Birth _____

Agency 1
Name
Address
Phone Number

Agency 2
Name
Address
Phone Number

This information shall include:

- _____ Birth records: Gestational age, birth weight and length.
- _____ Medical records/clinic notes related to:
 - _____ otitis media
 - _____ eye condition and visual impairment
 - _____ prescription of psychopharmacological medications
 - _____ diagnosis of disabilities
 - _____ genetic tests/results
- _____ Psychological, psycho-social, adaptive behavior, and/or developmental/educational evaluations, IEP/IFSP.
- _____ Vision, hearing screenings, and/or evaluations
- _____ Occupational therapy, physical therapy, and/or speech and language evaluations, O & M screenings, evaluations, or notes
- _____ Teacher/therapist surveys and interviews.

I understand that this information will be used for collaboration and for development and implementation of intervention plans for my child and family. My consent is given voluntarily and is valid for up to one year from the date below. I understand that I may withdraw this consent at any time.

Signed: _____ Date: _____

Witness: _____

I am this child's ___parent ___guardian ___authorized representative.

Please return this form and or records to YOUR NAME at the address listed below.

Name
Agency
Street Address
City, State, Zip
Phone Number