

**Consent to Release or Share Information**

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| --- | --- |
| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: **\_\_\_/\_\_\_\_/\_\_\_\_\_** | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian and legal custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  born on \_\_\_/\_\_\_\_/\_\_\_\_\_, do hereby authorize Kendal Early Learning Center and the indicated agency below permission  to share records for the purpose of: aiding in making present and future educational decisions for my child. | |
| The following information may be released or shared: With any of following limitations (n/a) if none: | |
| □ Medical Records, including immunization records,  medical, hospital, discharge summaries,  vision/hearing/nutrition status |  |
| □ Diagnosed physical or mental  condition/statement of nature and severity  of disability |  |
| □ ETR/IEP |  |
| □ Therapy records, evaluation, observations,  recommendations, goals |  |
| □ Developmental assessments, screenings,  and summaries |  |
| □ Verbal/written communication (to/from):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| □ Screening information/ Verbal & Written  communication (to/from) Oberlin Kids & Oberlin City  Schools |  |
| □ Other(specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Information may be shared with the following individuals, agencies, or service providers

Agency & Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Health Insurance Portability and Accountability Act (HIPPA), Family Education Rights and Privacy Act (FERPA), and all personally identifiable

information regarding children and family receiving Bright Beginnings Preschool services is protected from unauthorized disclosure under FERPA. Personally identifiable information protected by FERPA is specifically exempted from HIPPA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child’s family regarding their privacy rights, requires providers to keep records of access to child’s records and contains complaints and appeal procedures which apply to disputes over records in possession of Kendal Early Learning Center among other provisions.

This consent expires one year from the date of signature, unless consent is revoked in writing by me or when my child no longer enrolled at Kendal Early Learning Center. By signing below, I certify that I have authority to the above release of information and I have given my consent to share this information voluntarily and that I understand what signing this form means.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_