

Authorization for Release of Information

I (we) _____ of _____
(Parent / Guardian Name) (Address)

consent to the disclosure, transmittal, or examination of information in regards to developmental

concerns regarding _____
(Child's Name) (Date of Birth)

I/we hereby authorize communication between personnel of

(Name of Child Care Centre)

AND

(Name of Agency/Individual)

The purpose of this disclosure is to assist in the development and well-being of the above named child in

the inclusive program at _____
(Name of Child Care Centre)

Unless otherwise noted, this authorization is valid for the length of time my child is enrolled at

(Name of Child Care Centre)

Once your child has been withdrawn from the centre, this authorization becomes null and void.

(Signature of Parent/Guardian)

(Date)

(Signature of witness)

(Date)