

Authorization to Release/Obtain Confidential Information

The staff of City of Augusta Childcare Program may sometimes need to have conversations with people in our agency, and with other agencies with which we coordinate services in order to best meet the needs of your child. Therefore, we request that you review and complete the following information.

Child's Name: _____
City of Augusta program enrolled in: _____

I understand that City of Augusta staff shall only share information regarding my child(ren)/family on an as needed basis. I also recognize that the sharing of information by City of Augusta shall be done in a professional and confidential manner, and that when this is done, it is for the purpose of helping to develop, plan, coordinate, or evaluate services for the child(ren)/family identified.

With this understanding, I give permission to share information on an as needed basis with the agencies/individuals listed below:

SCHOOL STAFF

	Parent Initials	Date
Teacher: Mr./Ms. _____	_____	_____

Guidance Office: Mr./Ms. _____

Does this student receive any special services? (Please check all received) Chapter I _____

Reading _____ Chapter I Math _____ Counseling _____ Resource Room (*I.E.P.) _____
O.T. _____ P.T. _____ Speech _____ Special Placement _____

Other _____ Explain: _____

*Do you have a copy of your child's Individualized Education Program? Yes _____ No _____

Was any Special Education assessment ever done? If yes, when and where?

OTHER AGENCY/INDIVIDUALS

	Parent Initials	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Even though the Department of Health and Human Services is not specifically listed above, I understand that the staff of City of Augusta is considered by law to be "Mandated Reporters" and they, therefore, are required to share with the Department of Health and Human Services any suspicions they have of child abuse and/or neglect.

I further give permission to City of Augusta Childcare Staff to share information regarding my child(ren)/family with agency staff members on an as needed basis. I realize that this may include information provided to the administrative and fiscal offices, and/or information pertaining to the care provided to my child(ren)/family through City of Augusta programs.

I realize that this permission may be changed and/or revoked by me at any time by my submitting a note in writing to City of Augusta stating the requested changes.

Signature of Parent/Guardian

Date