****

**ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

 **HEAD START AND EARLY HEAD START**®

 ***Serving Rock & Walworth Counties***

**Parent/Guardian Permission to Release Confidential Information for Four-Year-Old Programming**

Information sharing regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last Name First Name MI Date of Birth**

Name of parent/guardian authorizing release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last Name First Name MI Date of Birth**

RWCFS Head Start staff work collaboratively with several school districts to provide Four-Year-Old Kindergarten services to children. It is important for RWCFS staff and school district staff to be able to share information and records between agencies. With your permission RWCFS will share information and children’s records with the school district of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Immunization records
* Developmental screening and evaluation results
* Social/emotional screening results
* Academic records including observation notes and/or samples of children’s work
* Progress/Assessment Reports
* Parent contact information
* Hearing and vision screening results
* Oral Health Screening results
* Photos of your child
* Individual Service plans when needed (Examples: asthma care plan or allergy care plan)
* Verbal discussion regarding child’s strengths , needs and progress

**This authorization should be valid for the current year (as stated with signature below) Sept. 1 through August 31. Unless otherwise stated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This information is confidential and will be used to support programming which meets this family’s unique needs and goals.**

I release the Rock-Walworth Head Start/Early Head Start Program and its staff, outside agencies and staff, from any legal liability for requesting or releasing any of the information which I have permitted by signing this form for the period stated above. This permission may be withdrawn, in writing, at any time by the person signing this form, except to the extent that information has already been released in reliance upon authorization. Withdrawal of the authorization will be effective following receipt of the written request by Head Start/Early Head Start.

**As evidenced by my signature, I hereby authorize RWCFS, Inc. and the agency stated above to staff to discuss my child’s unique strengths and needs and share my child’s records in order to develop programming for my child and/or to support potential referrals for Birth to Three of Public School District Services. I understand that I have the right to be informed about and present any time there is a scheduled networking discussion about my child.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **(8/10)**