



CONSENT FOR RELEASE OF INFORMATION FROM CHILDREN'S AREA PROGRAM TO OTHER INDIVIDUALS/PROGRAMS



Peggy & Philip B. Crosby
Wellness Center
at the Center for Health & Wellbeing

I understand that information regarding my child is generally confidential and may not be given to employees outside the **Peggy & Philip B. Crosby Wellness Center** (the "Center") **Kids' Corner** Program without my consent or other legal requirements.

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby consent to the release of the following information initialed and checked
Full Name of Parent / Guardian
below, regarding my child _____ held by _____ to program staff
Full Name of Child Kids' Corner Supervisor or Designated Staff
assigned to care for my child.

PLEASE INITIAL

_____ Health History Forms (details of services/accommodations required)

CONSENT FOR SHARING INFORMATION

I also authorize communication and exchange of information between **Kids' Corner** Program Staff and other staff on duty. Further, the **Kids' Corner** Program Staff is authorized to share the information gained with his/her supervisor(s) and/or Center staff working directly with her/him and/or team members with managerial oversight responsibility for the center. Consent for release of information and authorization of communication shall be for the limited purpose of understanding and addressing my child's needs and customizing my child's care. This consent is voluntary and I understand that I can withdraw my consent for my child at any time. Unless I withdraw this consent, this consent will be effective for the period my child is continuously enrolled in the **Kids' Corner** Program. By signing below, I am confirming that I have read, understood and agree to the above.

Name _____ Signature _____
Parent / Guardian - Print Full Name Parent / Guardian Signature

Date _____