

Consent/Release of Information Form

SAMPLE

Each program will develop individualized forms based on this information and information provided by the chosen program model. Complete the Consent or Release of Information Form in partnership with the family, as needed.

A Consent or Release of Information Form should be obtained anytime:

- An entity/person will obtain information from another entity/person;
- An entity/person will share information with another entity/person; or
- Services will be provided to a minor/child (under the age of 18). This includes programming and screening.

Prevention Initiative Release of Information/Parent Permission

Date:

Expiration Date:

Name of Parent/Guardian:

Address:

City:

State:

ZIP:

Phone Number:

Name of Parent/Guardian:

Address:

City:

State:

ZIP:

Phone Number:

Child's Name:

Date of Birth:

I (We), _____, give my (our) permission for _____ (agency/company/office) to release information concerning _____ (be specific) to _____ (agency/company/office) in order to provide comprehensive services. I (We) understand that all information will be kept respectfully confidential but the sharing of this information within and among these agencies may be necessary.

Parent Signature

Date

Parent Signature

Date

Staff Signature

Date

All parties – family and sending/receiving agencies – will receive a copy of this release..
Insert date form was created or revised and page numbers, if applicable.