

Reach Dane  
Head Start

## PARENTAL PERMISSION FOR RELEASE/EXCHANGE OF INFORMATION

I, \_\_\_\_\_ Father  
Mother of \_\_\_\_\_  
Guardian Child's Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ D. O. B. \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

hereby give my consent to Reach Dane, 2096 Red Arrow Trail, Fitchburg, WI 53711 and:

Agency / Person: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Phone No: \_\_\_\_\_

To exchange written and verbal information regarding (check any/all that apply):

- \_\_\_\_\_ Medical and/or related health records
- \_\_\_\_\_ Case History
- \_\_\_\_\_ Test/assessment results
- \_\_\_\_\_ Current Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)
- \_\_\_\_\_ IEP / IFSP Reports
- \_\_\_\_\_ Progress reports/programming recommendations
- \_\_\_\_\_ Treatment Plans
- \_\_\_\_\_ Appropriate agency reports
- \_\_\_\_\_ Other (specify)

I understand that this information will be used to help staff plan and implement a program for my child/family.

I understand that I may revoke this consent at any time. This permission is valid for one year from the date signed.  
A copy of this form is as effective as the original.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_