



Child Exchange of Information Consent Form

Program Year 2010 / 2011

Last Name	First Name	Middle Name	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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I, _____, **Parent/Legal Guardian of**

Hereby authorize the **Mutual Exchange of Information** regarding the above named child between

<input type="checkbox"/> Seattle /Highline Public Schools	
<input type="checkbox"/> Medical Provider	
<input type="checkbox"/> Dental Provider	
<input type="checkbox"/> DSHS	
<input type="checkbox"/> Mental Health Provider	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

And **DENISE LOUIE EDUCATION CENTER**

In granting such permission, I understand that such information will be used for the benefit of my child and my family for the purposes of planning effective services. **Initial** all that apply.

<input type="checkbox"/> Medical History/Present Health Status	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Vision/Hearing Screenings/Evaluations	<input type="checkbox"/> Education Information/Records
<input type="checkbox"/> IEP and/or IFSP	<input type="checkbox"/> Educational Screenings/Evaluations
<input type="checkbox"/> Psychological Screenings/Evaluation	<input type="checkbox"/> Home Visitor Service Information/Records
<input type="checkbox"/> Social/Emotional Screenings/Evaluation/Assessments	<input type="checkbox"/> Other:
<input type="checkbox"/> Occupational/Physical Screenings/Evaluations	<input type="checkbox"/> Other:
<input type="checkbox"/> Speech/Language Screenings/Evaluations	<input type="checkbox"/> Other:

Please Initial	Parent/Guardian Release
	I release Denise Louie Education Center and its staff from any legal liability for disclosing or acquiring information, which I have permitted by signing this form.
	I also release the above named person and/or agency from any legal liability for giving information to Denise Louie Education Center.
	I understand that this document is valid for one year after it is signed or during the period for which the above named child is enrolled at Denise Louie Education Center, whichever is least.

I certify that I am the parent or legal guardian of the above named child, and therefore able to sign this release.

Parent/Guardian Signature	Date	<input type="checkbox"/> Explained <input type="checkbox"/> Translated
Staff Signature	Date	Last Updated 04/19/2010

A COPY OF THIS DOCUMENT MAY BE CONSIDERED THE SAME AS THE ORIGINAL.