



PERMISSION TO RELEASE INFORMATION

Parents, Generations takes adhering to OCFS regulations seriously. Generations needs your cooperation to avoid unnecessary violations related to medical information. By giving us written permission to speak to your child's health care provider, when questions arise about immunization schedules, appointment dates related to physicals or immunizations or medication authorization, we can speak directly to the office and avoid related delays. Please complete the form below giving us permission to speak to your child's health care provider. If your child has an IEP or IFSP, please also check the box related to developmental screenings and give us the contact information for the service coordinator so that we can access those documents to provide continuity in care.

I authorize _____ to release information or the indicated records to Generations Child Care, Inc. staff via phone, mail or fax as indicate at the time of the request.

Physical Information including results of a routine physical exam, immunizations, results of routine testing such as PPD and lead screening.

Information related to completeness of immunizations and medical testing.

Information and orders pertaining to medication administration. Information includes medication name, dosage, frequency, duration and side effects of prescribed medication.

Developmental assessment information including results of screening and diagnostic testing as it pertains to educational and care settings. Complete Individualized Education Plan as available.

Other school information that may speak to the child care environment. Behavioral, social or other anecdotal information.

Health Care Provider to release information: _____

Address: _____

Phone / Fax: _____

Agency to release information: _____

Address: _____

Phone / Fax: _____

Child's Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Signature _____ Date _____

Fax to: _____ **Date:** _____

Fax to: _____ **Date:** _____

Fax to: _____ **Date:** _____