

**CONSENT TO EXCHANGE INFORMATION
BETWEEN CHILD CARE AND HEALTH CARE PROVIDERS***

Dear Parent/ Guardian of _____:
(Child's name)

This is to ask your permission (consent) to exchange information between your child's child care and health care providers in order to coordinate your child's care.

_____, as the parent/guardian of
(Print parent/guardian's name)

_____, give permission for my child's
(Print child's name and birth date)

child care provider _____
(Print child care provider name, address, phone and fax numbers)

to exchange information, written and oral, about my child with his/her health care provider(s)

(Print name(s) of health care provider(s) and address, phone and fax numbers for each)

I give my consent voluntarily and understand that I may withdraw my consent at any time. If not previously revoked, this consent will terminate upon the following specific date or

event: _____.
(example- child no longer attends child care program)

Parent/Guardian Signature: _____ Date: _____

* Information authorized to be released is subject to the confidentiality provisions of appropriate state and federal laws and regulations, including the Federal Family Educational and Rights and Privacy Act (FERPA) and the Federal Health Insurance Portability and Accountability Act (HIPAA), which prohibit any further disclosure of this information without the specific written consent of the parent/guardian, or as otherwise permitted in a limited situations.