

AUTHORIZATION FOR RELEASE OF INFORMATION

Childs Name: _____

Date of Birth: _____

Records Requested: MOST RECENT PHYSICAL EXAM / IMMUNIZATIONS

I give permission to Just Kids: An Early Childhood Learning Center to release and obtain such information as may be necessary to and from the following individual and/or agency:

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Telephone: () _____

This information may include records of medical, educational, psychological, social history, speech and hearing, physical and/or occupational evaluations and/or therapy.

Signature: _____
Parent/Legal Guardian Foster Parent

Address: _____

Date: _____

-----Just Kids Office Use Only -----

- Child is pending evaluation _____
- Child is currently pending placement _____
- Child is currently in program _____
- Please obtain information _____
- Please release information _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Childs Name: _____

Date of Birth: _____

Records Requested: Open Communication, Family Goals & Recommendation

I give permission to Just Kids: An Early Childhood Learning Center to release and obtain such information as may be necessary to and from the following individual and/or agency:

Name: SCDSS – Child Protective Services

Address: P.O. Box 18100

Town: Hauppauge, NY 11788-8900

Telephone: (631) 854-9196 – Hauppauge Team

This information may include records of medical, educational, psychological, social history, speech and hearing, physical and/or occupational evaluations and/or therapy.

Signature: _____
Parent/Legal Guardian Foster Parent

Address: _____

Date: _____

-----Just Kids Office Use Only -----

- Child is pending evaluation _____
- Child is currently pending placement _____
- Child is currently in program _____
- Please obtain information _____
- Please release information _____