

## Permission to Give and Receive Information

I, \_\_\_\_\_  
Parent or guardian (please print)

give the Oregon Council on Developmental Disabilities Inclusive Child Care Program and its delegate, Southern Oregon ESD Child Care Resource Network, my consent to obtain from or give to appropriate agencies and/or individuals, relevant information about the child listed below, for whom I am legally responsible:

\_\_\_\_\_  
Child's name (please print) Child's birth date

Information may be obtained from or shared with the following agencies and/or individuals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The specific nature of information and records I give permission to share:

Any that are related to child care needs, including child background, classroom information, child/class observations, and or developmental information.

In granting my permission I understand that such information will remain confidential and may only be used for the purpose of assuring appropriate child care for the above named child.

This authorization shall expire one year from the date it is signed. I understand that I may revoke this permission at any time.

\_\_\_\_\_  
Signature of parent or guardian Date

\_\_\_\_\_  
Parent or guardian contact information - phone number and email

For additional information on the purpose of this release contact: Molly Clement, CCRN/Warm Line Inclusion Specialist:  
Office 541-776-8590 EXT 1125 or Cell 541-324-7720 / molly\_clement@soesd.k12.or.us.

\_\_\_\_\_  
Molly Clement, IP CCRN/Warm Line Inclusion Specialist Date