

Consent for Release or Request of Information

Educational and Developmental Intervention Services
Early Intervention

Location of EDIS Program: _____

1. Child/Family Information

Child's Name:	Today's Date:
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Parent/Guardian Name _____

2. Information to be **Released** **Requested** (Check ONLY ONE box.)

In order to assist in your child's developmental assessment, planning, and intervention services, release of/request for the following written or verbal information is requested between the agencies listed below.

- Developmental Evaluations
- Individualized Family Service Plan (IFSP)
- Medical records pertaining to the following specific evaluations (s) /diagnosis: _____
- Other (Specify) _____
- Hearing Evaluations
- Vision Evaluations

3. Sources of Information

Information FROM:			Information TO:		
Name of Agency:			Name of Agency:		
Attention:			Attention:		
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:			Phone:		

4. Parent (s) Statement

I give permission for the information listed above to be shared between the designated individuals/agencies. I know this information will be confidential and will be used for the provision of services to my child and family. I understand information received by EDIS will be added to my child's EDIS record.

Parent/Guardian Signature

Parent/Guardian Signature

Date

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

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Instructions

In the blank space below the title of the form, enter your EDIS Location (e.g., Robins, GA; Lakenheath, UK).

1. Child/Family Information

Child's Name: First, Middle Initial, Last

Today's Date: YYYYMMDD

Parent/Guardian's Name: First and Last

2. Information to be Released / Requested

Check the box (only one box may be checked per form) to indicate if your program is releasing or requesting the information indicated on this form. If information is being both released and requested, separate forms must be completed for each action.

Check the box(es) to indicate the information to be shared. Checking "Other" requires a description of the specific information to be shared (e.g., Progress summaries, discharge summary, equipment requirements, discussion of child's progress with day care provider). Do not use broad statements such as "request child's cumulative file".

3. Sources of Information

Self- explanatory

4. Parent (s) Statement

If in agreement, parent/guardian signs and dates the completed form. If the parent is in disagreement with specific release or request of information document the refusal in the child's EDIS secondary medical record.

Copy - EDIS secondary medical record
Parents