



**Creative Minds Child Development Center**  
 4977 Dent Avenue, San Jose, CA 95118 •• (408) 445-0101

## Exchange of Information Consent Form

### Family Information

Student's First Name	Middle	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Legal Guardian's Name		Relationship to Student	Daytime Phone Number	

### Mutual Exchange of Information

By initialing below, I, \_\_\_\_\_ (parent name), parent/legal guardian of \_\_\_\_\_ (child's name), hereby authorize the mutual exchange of information regarding the above named child between Creative Minds Child Development Center and:

Initials	Category	Name of Service Provider
	Public school district	
	Medical provider	
	Dental provider	
	Vision care provider	
	Mental health provider	
	Department of Social Services	
	Social Security Administration	
	Physical therapist	
	Occupational therapist	
	Speech therapist	
	Other	
	Other	
	Other	

Specifically, is there any person or agency that you *do not* give consent to review or disclose your child's information? \_\_\_\_\_

I understand that this information will be used for the benefit of my child and my family for the purposes of planning effective services, and will be held confidential by those who receive it. Initial all that apply:

Initials	Category
	Education information/records
	Educational screenings/evaluations
	IEP and/or IFSP and/or 504 Plan
	Medical history / present health status
	Immunization Records
	Vision/hearing screenings/evaluations
	Psychological screenings/evaluations
	Social/Emotional screenings/evaluations
	Occupational/Physical screenings/evaluations

	Speech/Language screenings/evaluations
	Home visitor service information/records
	Other:
	Other:
	Other:
	Other:

## Parent/Legal Guardian Release

Initials	Category
	I release Creative Minds Child Development Center and its staff from any legal liability for disclosing or acquiring information, which I have permitted by signing this form.
	I also release the above named person and/or agency from any legal liability for giving information to Creative Minds Child Development Center.
	I understand that this document is valid for one year after it is signed or during the period for which the above named child is enrolled at Creative Minds Child Development Center, whichever is least. I also understand that I may cancel all or part of this document at any time by notifying Creative Minds Child Development Center.

I certify that I am the parent or legal guardian of the above named child, and therefore able to sign this release. Permission can be given only by the student's parent/legal guardian. For foster children, permission must be obtained from the director of the appropriate department of social services. Any information exchanged is to be shared only between the personnel of agencies indicated above.

Parent/Legal Guardian Signature	Date
Staff Signature	Date

*A copy of this document may be considered the same as the original.*