



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.