

# POLK COUNTY, FLORIDA

## Early Childhood: Consent for Release of Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my consent for the agencies listed below to engage in verbal or written communication for my child. All related information and records can be released. I am aware that this information will be confidential and will be used only to provide the best possible health, education, and social services for my child. I am aware that I may deny consent for disclosure to any of the agencies designated below by crossing out the agency name and initialing.

### Agencies authorized to exchange information:

- Achievement Academy
- Agency for Persons with Disabilities
- Agricultural and Labor Program, Inc.
- All Children's Hospital
- Bay Area Early Steps - IYC
- Bay Area Early Steps - USF
- Beth Ingram & Associates
- Center for Autism and Related Disabilities (CARD) - USF
- Center for Rehabilitation-Watson Clinic
- Central Florida Speech & Hearing Center
- East Coast Migrant Head Start Program
- Early Learning Coalition of Polk County
- Florida Department of Children & Families
- Florida Department of Health
  - Children's Medical Services
- Florida Division of Blind Services
  - Lighthouse for the Blind
- Healthy Families - Polk
- Healthy Start Coalition of Hardee, Highlands & Polk Counties
- Heartland for Children
  - Name of Contracted Agency: \_\_\_\_\_
- Nature's Place
- Our Children's Rehab Center
- Pediatric Health Care Choice
- Pediatric Therapy Services
- Polk County Health Department
- Redlands Christian Migrant Association (RCMA)
- St. Joseph's Hospital
- School Board of Polk County, Florida
  - FDLRS
  - Pre-Kindergarten Services
    - Head Start
    - School Readiness
    - Voluntary Pre-Kindergarten
  - Pre-K ESE Program
  - Teen Parent Program
- Winter Haven Hospital – Behavioral Health
- Other:
  - Name: \_\_\_\_\_

### The following information and records may be released:

- Audiology Evaluation
- Child Assessment (e.g., AEPS, BDI-2, Galileo, Teaching Strategies GOLD)
- Developmental Screening (e.g., ASQ)
- Developmental Evaluation (e.g., BDI-2, )
- Health/Medical/Social Reports
- Individual Family Service Plan (IFSP) / Individualized Education Plan (IEP)
- Occupational Therapy, Physical Therapy, and/or Speech-Language Evaluation Report
- School Records -Transferring School
- Staffing Reports
- Vision and/or Hearing Screening

***I understand that the information will not be released to any party, other than those agencies designated above, without my prior written consent.***

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Witness, if signed by a mark

\_\_\_\_\_  
Signature of Agency Personal

\_\_\_\_\_  
Name of Initiating Agency