



# Olympic Educational Service District 114

Early Learning Department

105 National Ave N Bremerton, WA 98312

(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



## Authorization to Release and Exchange Confidential Information

### Authorization to Disclose the Records of:

Child/Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reason for Release of Information:** At the request of the parent/guardian for the health, safety, and educational purposes of their child while enrolled in the OESD 114 Early Learning Program.

**I authorize mutual exchange of information about my child/participant as described below.**

Organization/Office: \_\_\_\_\_ Contact Name/ Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Release: I authorize the following records and/or information be disclosed regarding:

- IFSP/IEP Documents/Evaluations
- Medication Administration
- Medical Treatment Records
- Education Records
- Immunization Records
- Dental Treatment Records
- Eligibility Documentation
- Attendance and Participation
- Other: \_\_\_\_\_

### My permission is valid for ONE CALENDAR YEAR from signature date.

- I may revoke or withdraw my permission in writing at any time. I understand this will not affect information already disclosed.
- I understand that these records will be treated as confidential by the OESD 114 Early Learning Program.

\_\_\_\_\_  
Authorization Signature                      Printed Name                      Date

\_\_\_\_\_  
Relationship to Child                      Phone Number                      Organization (if applicable)

If I am not the person who is the subject of the records, I am authorized to sign because I am the:

- Parent
- Legal Guardian
- Other: \_\_\_\_\_