Instructions for Completing Consent to Release and Exchange Information Form:

WHEN TO COMPLETE

The Consent to Release and Exchange Information Form must be completed by the parent/guardian requesting that your program release information in his/her child’s file to an outside party or engage in communication with an outside party regarding his/her child via phone conversation, in-person visit, or faxed, written, and/or other electronic communication.

APPROPRIATE SHARING OF INFORMATION

Types of records that can be released with parent/guardian consent include records generated by your program, such as KinderCare Education (KCE) developmental checklists, KCE observations, KCE portfolios, KCE assessments, KCE screenings, KCE incident reports, KCE behavior logs, and KCE behavior management plans. Types of records that generally should not be released are children’s private medical information, Individualized Education Plans, and report cards from a local school district. If a parent/guardian has provided you with this type of record for his/her child’s file and requests that you release it to an outside party, direct the parent/guardian to take their request for release to the specific agency that originally generated the record (for example, his/her child’s medical provider or school district). If the parent/guardian continues to request that you release this type of record, contact Inclusion Services at 1-800-633-1488 x 1440.

HOW TO COMPLETE

• Ask the parent/guardian to complete the Consent to Release and Exchange Information form for each agency he/she authorizes to exchange information with and/or communicate with your program.

• Once the form is returned to you, make sure all sections are complete and the parent’s/guardian’s signature has been provided.

• If you have questions or concerns about the type of information the parent/guardian is requesting that you share, please contact Instructional Support at 1-800-633-1488 x 1440.

• When the Consent to Release and Exchange Information form expires, have the parent/guardian complete a new form if he/she wishes for your program to continue exchanging information with and/or communicating with the agency.
I, ____________________________________________, do hereby give my permission for ____________________________________________ located at ____________________________________________, to release and exchange information with the agency/individual below regarding my child, ____________________________________________.

Agency Name: ____________________________________________

Agency Address: ____________________________________________

☐ _____________ may release and exchange information with any representative of the above agency.

☐ _____________ may only release and exchange information with the following representatives of the above agency:

1. Representative Name/Title ____________________________________________
   Contact Information ____________________________________________

2. Representative Name/Title ____________________________________________
   Contact Information ____________________________________________

3. Representative Name/Title ____________________________________________
   Contact Information ____________________________________________

4. Representative Name/Title ____________________________________________
   Contact Information ____________________________________________

Information That May Be Released and Exchanged

__________________________________________ may release and exchange information and records generated by the program, such as KinderCare Education (KCE) developmental checklists, KCE observations, KCE portfolios, KCE assessments, KCE screenings, KCE incident reports, KCE behavior logs, and KCE behavior management plans, with the agency and/or individual(s) listed above.

*I understand that my signature below permits two-way telephone, faxed, written, and/or other electronic communication between ____________________________________________ and the agency and/or individual(s) listed above.

*I further understand that this consent will be valid from the date that I sign this form until _______________. If no date is entered, this form will be valid for one year after the date that I sign this form.

PARENT/GUARDIAN SIGNATURE _______________________________ DATE __________________________

PARENT/GUARDIAN NAME ____________________________________________

CENTER/SITE NAME ____________________________________________

CENTER/SITE ADDRESS, CITY, STATE, ZIP CODE ____________________________________________

CHILD’S NAME ____________________________________________