

PERMISSION TO REQUEST AND RELEASE INFORMATION

MAIL OR FAX TO: Dr/Organization/Name: _____
 Facility/Department: _____
 Address: _____

 Fax Number: _____
 Phone Number: _____

**TITLE: PERMISSION REQUEST-
RELEASE INFO**
 Signed release of information used at intake
 and whenever needed.

I GIVE PERMISSION TO BABY WATCH EARLY INTERVENTION AND THE ABOVE NAMED PARTY TO SHARE INFORMATION ABOUT MY CHILD’S EARLY INTERVENTION SERVICES, INCLUDING THE FAMILY SERVICE PLAN, CONTACT REPORTS, AND ASSESSMENT RESULTS. I ALSO AUTHORIZE THE RELEASE AND SHARING OF CHILD HEALTH AND DEMOGRAPHIC INFORMATION WITH APPROPRIATE HEALTH CARE PROVIDERS.

Child’s Name: _____
 Child’s Birth date: _____
 Parent/Guardian: _____
 Address: _____

In addition, would you please send the following information at your earliest convenience. This information will help determine my child’s ongoing eligibility for services, help determine my child’s developmental progress, and/or help the team provide appropriate types and levels of service:

- | | |
|---|---|
| <input type="checkbox"/> Statement of Diagnosis | <input type="checkbox"/> Report of Health Examination |
| <input type="checkbox"/> Nutritional Evaluation | <input type="checkbox"/> O/T Reports |
| <input type="checkbox"/> Record of Immunizations | <input type="checkbox"/> P/T Reports |
| <input type="checkbox"/> Hearing Evaluations | <input type="checkbox"/> Speech Therapy Reports |
| <input type="checkbox"/> Vision Report | <input type="checkbox"/> Test/ Assessment Results |
| <input type="checkbox"/> Early Intervention Records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neurological Reports | <input type="checkbox"/> Other _____ |
- Please complete & sign attached form

**PLEASE SEND THE REQUESTED INFORMATION TO:
 ATTENTION: BABY WATCH EARLY INTERVENTION CHILD RECORDS CLERK
 AT KIDS ON THE MOVE
 475 West 260 North
 Orem, UT 84057
 PHONE: (801) 221-9930 FAX: (801) 221-0649**

I DECLARE THIS PERMISSION FORM AS VALID UNTIL THE DATE THE ABOVE LISTED CHILD EXITS THE BABY WATCH EARLY INTERVENTION PROGRAM.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
 DATE: _____**