

KIDS WHO COUNT

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AUTHORIZATION TO EXCHANGE INFORMATION

Authorization is given to KIDS WHO COUNT Early Intervention Program to exchange information regarding:

NAME: _____

DATE OF BIRTH: _____

With the following individual/agency:

NAME/AGENCY: _____

ADDRESS: _____

I authorize the release **and sharing** of any or all of the following records/ **information with appropriate health care providers:**

Medical Reports

Developmental Information

Child Health and Demographic Information

Other: _____

I understand that this consent is valid for one year. I understand that this consent is voluntary, and may be revoked at any time. I understand that all information will be kept confidential and used for professional purposes only.

Parent or Legal Guardian

Date

Updated: Date/parent initials
