

RELEASE AND EXCHANGE FORM

Date: _____

I, _____ (parent) give consent for All Children Academics, to release and exchange information, both orally and in written context, to the following professionals in regards to my child

_____ (child).

Name: _____

Agency: _____

Phone Number: _____

Email: _____

Name: _____

Agency: _____

Phone Number: _____

Email: _____

I acknowledge that any information shared by parents, observed and noted by teachers, and child assessments will be shared with the consented individual(s).

Information will only be shared with the above individual(s) and additional consent forms will be required for additional individuals. All Children Academics protects student and family confidentiality.

I understand that All Children Academics is mandated by the State of California to report any and all physically and/or emotionally harmful information that deems a child in immediate danger.

Parent Signature

Date