

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

### Consent to RELEASE Information to Early Stages

I give consent for the following organizations to release relevant documents and information to Early Stages that may inform the evaluation of my child. This information may include, but is not limited to, medical documents, evaluation reports, observations, and teacher rating scales. I understand that my consent is voluntary and can be revoked at any time.

Referring Organization: \_\_\_\_\_

My Child's School: \_\_\_\_\_

My Child's Medical Provider: \_\_\_\_\_

Other: \_\_\_\_\_

I DO NOT give consent for any organization to release information to Early Stages that informs the evaluation of my child.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### Consent for Early Stages to SHARE Information

I give consent for Early Stages to share the results of my child's screening, evaluations, eligibility meeting, and IEP meeting with the organizations below. I understand that my consent is voluntary and can be revoked at any time.

Referring Organization: \_\_\_\_\_

My Child's School: \_\_\_\_\_

My Child's Medical Provider: \_\_\_\_\_

Other: \_\_\_\_\_

I DO NOT give consent for Early Stages to share the results of my child's screening, evaluations, eligibility meeting, and IEP meeting with any organization.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date