

Parent/Guardian Consent for Release of Information

(Hot Sheet)

CF/R-34 RHS/EHS Revised 1/14
(mandatory)

This form is completed to verify parent permission to provide and/or obtain information relating to their child. This information can be provided to another agency by Head Start programs or received from another agency in order to provide complete information to support comprehensive educational assessment, educational plans, health plans etc. This form is required to release information or records to health providers, schools and other community agencies.

- Write child's last name, first name and date of birth
- Include Head Start contact information to receive or provide information.
- Check the agency(ies) that apply to request information; check "Head Start Agency" if Head Start is providing information to another agency.
- Check the description that represents the information to be disclosed for example, medical records, dental, educational records etc.
- Page two: include child's last name, first name and date of birth (in case page two becomes detached from page one).
- Check the appropriate purpose for authorization to share information (for example: Educational Assessment, Educational Plans, Health Care Plans etc)
- Review duration of approval with the parent and include a date if the approval is for less than one year.
- Review the confidentiality based statements with the parents regarding: Revocation, Redisclosure and Health Information.
- Obtain parent signature, date and have the parent print their name under their signature.
- Make a copy of the form to Fax, Scan/Email, or Mail to the agencies listed on the first page. Or if only one agency is listed and it will be sent by mail send the yellow NCR'd page.
- File the white NCR copy in the child's file and give the pink copy to the parent.