

## **Authorization for Release of Health Information**

All health related information regarding your child is kept in the main office of the Carriage House Children's Center. This information is confidential and will be viewed only by office personnel and the teaching staff assigned responsibility for the care and education of your child. If you wish to give authorization to any other individual to have access to your child's health information, please list their names below.

Child's Name \_\_\_\_\_

\_\_\_\_\_ I do not want to have my child's health information released to any other individual other than the teaching staff and office personnel.

\_\_\_\_\_ Please release my child's health information to the following individual(s):

\_\_\_\_\_ (relationship to child) \_\_\_\_\_

\_\_\_\_\_ (relationship to child) \_\_\_\_\_

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization for Release of Health Information**

All health related information regarding your child is kept in the main office of the Carriage House Children's Center. This information is confidential and will be viewed only by office personnel and the teaching staff assigned responsibility for the care and education of your child. If you wish to give authorization to any other individual to have access to your child's health information, please list their names below.

Child's Name \_\_\_\_\_

\_\_\_\_\_ I do not want to have my child's health information released to any other individual other than the teaching staff and office personnel.

\_\_\_\_\_ Please release my child's health information to the following individual(s):

\_\_\_\_\_ (relationship to child) \_\_\_\_\_

\_\_\_\_\_ (relationship to child) \_\_\_\_\_

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_