 Colville Tribes Head Start

**PERMISSION FOR RELEASE OR OBTAIN INFORMATION**

I, hereby, provide the Colville Tribes Head Start consent to obtain and/or share medical/educational/media information with the following agencies in regards to **my child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_.

In granting such permission, I understand that such information will remain confidential and will be used for the benefit of my child. This consent is valid through the child’s enrollment with Head Start.

*Please* ***check*** *(√) that which applies*.

\_\_\_\_\_ Physician/Clinic: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Dentist/Clinic: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Smile Mobile

\_\_\_\_\_ Kindergarten Transition. Transitioning School name(s): (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Indian Health Services

\_\_\_\_\_ Home Visiting Program

\_\_\_\_\_ Early Learning center-IFSP: (\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Local School District-IEP (*specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Tribal Health [CHN, CHR, WIC, Nutritionist/Dietician, Diabetes Program]

\_\_\_\_\_ TANF (Individual Development Plan)

\_\_\_\_\_ Tribal Enrollment (Certificate of Enrollment & Birth Certificate)

\_\_\_\_\_ Behavioral Health/Alcohol Program

\_\_\_\_\_ CPS/CFS/Family Preservation

\_\_\_\_\_ Energy Assistance (LIHEAP, other\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Parent Committee

\_\_\_\_\_ Tribal Child Care

\_\_\_\_\_ Child Profile/State Immunization data system

\_\_\_\_\_ OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, hereby, release the Colville Tribes Head Start and its staff from any legal liability for providing above information. While the child is enrolled with the program, I fully understand that I have the right to review records maintained on my family and to dispute or correct any information I feel is incorrect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date