

Release/Exchange of Confidential Information with School District (Non-Health)



Child's name: _____ Birthdate: _____

Center/Site: _____

As parent/guardian of the above named child, I authorize the mutual exchange of confidential information between Puget Sound ESD Early Learning programs and

_____ School District.

I understand the following information will be shared only with those staff members who need to know the information.

Information to be exchanged: (Please initial below)

- _____ Transportation information
- _____ Emergency contacts and consents
- _____ Custody information and legal restrictions
- _____ Developmental screening results (non-health)
- _____ Joint team PSESD Early Learning/School District planning

To release health information, complete the *Authorization to Release Confidential Health Information Procedure*.

Parent/Guardian Signature

Staff Signature

Date

Date

Street Address

City State Zip

Interpreter's Signature

Phone

Date

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, and the Puget Sound ESD Early Learning Confidentiality Policy, information sent or received by PSESD Early Learning programs may not be shared with any other party without the written consent of the parents or guardian. All professionals within the school district and PSESD Early Learning programs are bound by Confidentiality Laws.

This exchange of information is valid for 12 months from date of parent/guardian signature.