Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

RELEASE OF INFORMATION

Child's Name: _____ Birthdate: _____

To help us better serve your child during his/her program at Rochester Childfirst Network, please sign the statement below. Be assured that only appropriate professional sources will receive reports and that great care is taken to safeguard your privacy.

I hereby authorize Rochester Childfirst Network to send and/or receive written information and speak with the providers listed below regarding my child:

Name and address of provider or entity from whom this information may be received or provided to: _____

	Prescription for needed evaluation or services
	Physicals/ immunizations
	Therapy records
	Attendance records
	Educational records
	Other (specify)

Authorization begins on: _____

Authorization expires on: _____

I have the right to revoke this authorization at any time by writing the provider listed. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

_____ _____

Parent or Guardian signature **Date**