



Rochester Childfirst Network

SERVING CHILDREN SINCE 1857

941 South Avenue
Rochester, New York 14620
(585) 473-2858
www.RCN4Kids.org

RELEASE OF INFORMATION

_____ (Child's Name)

_____ (DOB)

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 or receive verbal and/or written information regarding my child _____ in the following manner:

Name and address of provider or entity from whom this information may be received:	
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	Prescription for needed evaluation or services
	Physicals/ immunizations
	Therapy records
	Attendance records
	Educational records
	Other (specify)

Authorization begins on: Date:	Authorization expires on: Date:
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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)