

**MOUNTAINHEART COMMUNITY SERVICES, INC.**  
**HEAD START/EARLY HEAD START**

**CONSENT TO RELEASE INFORMATION**

Child's Name: \_\_\_\_\_ Center: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby give my permission and authorization for the MountainHeart Head Start Program to provide pertinent information and records regarding my child's history and individual needs to the public school system for the purpose of easing the transition from Head Start to public school for my child. I understand this information will include but not limited to:

- Screenings (medical, dental, developmental, speech, hearing, and vision)
- Treatment completed as a result of the screening (if applicable)
- Additional evaluations (if applicable)
- Health and developmental history
- Immunization record

I understand it may be necessary for this information to be shared on a continuous basis throughout the program year to assure my child receives the necessary treatment from both programs.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

MountainHeart Community Services is requesting permission to share information with the local WIC office. The WIC office completes hemoglobin levels which are also required by the Head Start/Early Head Start Program. By sharing information this would eliminate duplication of this test. Head Start/Early Head Start will also encourage children eligible for the WIC Program to participate.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I refuse permission and authorization for the MountainHeart Head Start/Early Head Start Program to provide the following information regarding my child and family:**

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_