

ATCAA EARLY CHILDHOOD SERVICES
Head Start/State Preschool

**Parent/Guardian Consent to Exchange
Confidential Information**

Tuolumne County

Amador County

I give **ATCAA Early Childhood Services** permission to obtain from, or give to, the following agencies and/or persons pertinent social, medical, educational, or other information about _____, for whom I am legally responsible. In granting consent, I understand that such information will remain confidential, and will be used to give the above-named person the best professional help. I understand that this consent is valid for the period of time the child is enrolled in Head Start. Any requests to give/obtain confidential information after this period will require an additional consent signed by me.

	Special Education Local Planning Area		County Mental Health
	Department of social Services		Mental Health Consultant
	County Health Department		School Psychologist
	Department of Probation		Other:
	Other:		Other:

I release **ATCAA Early Childhood Services** and its staff from legal liability for disclosing or acquiring information which I have authorized. I also release the above named agencies and/or persons from legal liability for giving information to **ATCAA Early Childhood Services**.

Signature of Person Legally Responsible

Date Signed

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I have explained to _____ the purpose of this release, and the confidential information which might be anticipated. The names of the persons and/or agencies were listed before this consent was signed, and no other names have been added. I also understand that any additional requests to give or obtain confidential information will require another signed consent form from the person legally responsible.

Signature of Early Childhood Services Representative

Date Signed
