



Children's  
Nurturing  
Project

## Children's Nurturing Project

*Promoting healthy parent-child relationships & child  
development through parent education & support services*

### **Release and Exchange of Information**

Phone 422-0464 Fax 422-0465

In order to assist the Specialists of Children's Nurturing Project (CNP) in gathering information about my child's health and developmental history, I give my permission for the following service provider to share this information with CNP verbally and/or in writing:

(Please add service providers, Pediatrician, etc.)

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I also consent to information to be exchanged verbally or in writing should they need to contact the above named providers for additional information. I understand that this information is confidential and will be used to document my child's history, abilities and needs and assist the Specialists in developing and/or recommending a service plan for my child and family. This release of information expires one year from the date it is signed and can be revoked at any time with written notice from the Parent/Legal Guardian.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Original: CNP, Copy to provider and parent