



CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agency/agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for _____
Full Printed Name of Consenting Person Full Printed Name of Child

Child's Address Child's DOB Child's SSN

() _____
Phone Number

My relationship to the child is:

- Parent
- Power of Attorney
- Legal Guardian

I want the following confidential information about the child to be exchanged: _____
Physical, lead, hemoglobin, hearing, vision, immunizations, dental or any other pertinent Health information.

Name and Address of Receiving Agency and Contact Person Kids Central, Inc.
Attn: Regina Cantrell or Jennifer Owens

I want this information to be exchanged **only for the purpose of:** (Be Specific) _____
KCI program enrollment requirements and state licensing requirements

This consent is good until ____/____/____

I can withdraw this consent any time by telling the referring agency. This will stop the listed agency/agencies from sharing information after they know my consent has been withdrawn.

I agree for the above agency/agencies to have the information listed above.

Signature Date

Notice

This consent is only valid if the form is completely filled out before being signed by the consenting person. This consent form may only be used once for the specific purpose stated above. **DO NOT SIGN ANY FORM THAT DOES NOT CONTAIN (1) detailed information to be exchanged; (2) detailed information regarding the agency providing the information, and (3) detailed information regarding the purpose for exchange of information.**