East Missouri Action Agency, Inc.
Head Start
403 Parkway Dr., PO Box 308
Park Hills, Missouri 63601

Authorization for Release of Information

I hereby authorize and request the below named provider/providers to release full and complete information as to results from any medical examinations and treatments, dental examinations and treatments, immunization records, hemoglobin/hematocrit testing, lead screening and/or testing, HCY Screenings, WIC information or any other records deemed necessary by Head Start, Early Head Start and the parent/guardian. The information released will remain with Head Start or Early Head Start and not be shared with any other agency unless written permission is obtained from parent/guardian. This release will be stay in effect for one year after signature date or release is revoked in writing.

Child's Name and Address _____ Date of Birth _____

_____

Releasing Service Provider/Providers

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Comments:_____

_____

Parent/guardian signature: _____Date_____

Head Start staff signature: _____ Date_____

revised June 2010