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Consent to Release Information Form

Practitioner's Name: _____

Parent or Guardian's Name: _____

Child's Name: _____

Date: _____

Instructions:

Please review the items below and indicate your consent by **initialing** next to the items you agree with. If you do not agree with an item, please mark an **X** in the space provided. If you have additional consent items, please list them in the space provided at the bottom of this form.

Release Timeframe:

This consent is valid from **Start Date:** _____ to **End Date:** _____

Individuals Covered:

I authorize the practitioner to share and discuss information about my child's services with the following individuals:

1. _____
2. _____
3. _____

Consent Items:

1. _____ I consent to the practitioner discussing my child's progress, needs, and services with the individuals listed above.

2. _____ I consent to the practitioner sharing recommendations and strategies with these individuals to support my child's development.
3. _____ I consent to the practitioner observing and documenting my child's interactions and activities in the specified setting(s) as part of their services.

Consent to Release Information Form Continued:

4. _____ I consent to the practitioner gathering feedback from the individuals listed above regarding my child's daily activities, behaviors, and progress.
5. _____ (Optional): I consent to the following additional activity or release of information:

Acknowledgment and Signature:

I understand that by signing this form, I am authorizing the practitioner to communicate with the individuals listed above regarding my child's services as outlined. I also understand that I may revoke this consent at any time in writing.

Parent or Caregiver Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____