



**CONSENT FOR HEALTH & DEVELOPMENTAL SCREENINGS/
AUTHORIZATION FOR RELEASE OF INFORMATION**

Child's Name: _____

Child's Date of Birth: _____

Current Childcare Provider: _____

_____ I authorize the Early Learning Coalition of Northwest Florida and/or staff at the contracted School Readiness (SR) and/or Voluntary Prekindergarten (VPK) Program sites to administer screenings and/or assessments for my child/children. I certified that I am the parent or guardian of the child (indicated above). I understand that I will be informed of all results from these screenings and/or assessments. With this signed document and following the disclosure of information to me (the parent/guardian), the Early Learning Coalition of Northwest Florida has my permission to release screening and/or assessment information and results to my child's SR and/or VPK provider, the Florida Diagnostic and Learning Resources System (FDLRS), Early Steps, and any other diagnostic agency as necessary.

I certify that I am legally responsible for the above mentioned child. I understand this information will remain confidential and will be used solely for the benefit of my child. This consent is effective for 1 year from the date below.

Parent/Guardian Signature

Date