

INFORMATION RELEASE FORM

Date _____

I, _____, the parent/guardian of, _____(child's name), hereby give permission to our child's pediatrician (or mental health professional) _____(name and title of provider) , to release appropriate but limited mental health-related information to _____(school staff title) of the _____ (name of school), _____, ONLY.

Parent's signature _____

Address _____

Witness _____