



## Authorization for Mutual Exchange of Information

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address & phone: \_\_\_\_\_

I \_\_\_\_\_ the parent/legal guardian do hereby authorize the mutual exchange of information regarding the above child between Camp Fire Alaska and/or the following agencies (Check all that apply):

### School Providers:

IEP from contact(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School counselor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

504 plan from contact (s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary teacher: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Community Providers:

Physician: \_\_\_\_\_

Case Manager: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Limitations on exchange of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional health practitioners and agency names and addresses below:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all practices of confidentiality will be followed in the use of information gathered.  
This release is valid for twelve months from the date signed.

Signature of person giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Camp Fire staff: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Each agency will only receive their section of this authorization to facilitate confidentiality.**