PARENT PERMISSION FOR VT I-TEAM EARLY INTERVENTION PROJECT SERVICES AND CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

I am the parent/guardian of _________________________________.

I give permission for my child's team:
• To request and receive consultation services from the Vermont I-Team Early Intervention Project
• To exchange information from my child's records with VT I-Team Early Intervention Project Personnel for use during the consultation and related planning.

I understand that:
• I-Team services may include such services as observation of my child in home and community settings, participation in team meetings, talking with me and with service providers about my child's needs, and providing training and/or recommendations.
• There is no cost to my family for these services.
• The VT I-Team Early Intervention Project will observe confidentiality requirements.
• The VT I-Team Early Intervention Project services will continue on an ongoing basis, unless the team no longer needs consultation.
• I may revoke this consent in writing at any time in the future if I no longer wish to have the I-team consult with respect to my child's One Plan and/or services.

Signature of Parent/Guardian: ___________________________ Date: ____________

Print Parent/Guardian Name: ________________________________

Language used in the home: ________________________________

Child's Name: ____________________________________________
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INFORMATION  

Additional Consents  
1. Photographs and recordings for Use by Team. I consent for the VT I-Team Early Intervention Project to photograph, record, and/or video my child to assist in determining and providing recommendations and implementation. These items will only be shared with I-Team members and team members involved in planning and/or implementing my child’s programming.  
Parent/Guardian signature: ________________________Date__________  

2. Use of e-mail. I consent to the use of e-mail for confidential correspondence between the VT I-Team Early Intervention Project, members of the One Plan team and me.  
Parent/Guardian signature: ________________________Date__________  

3. Consent to Release of Medical and/or Other Third Party Information  
To assist the I-Team and my child’s team in planning and implementation of services for my child, I give permission to the Vermont I-Team Early Intervention Project and my child’s team to communicate and share records and information regarding my child, to the individual(s), agency(ies), or organization(s) named below, and for person(s)/organization(s) named below to disclose information and/or records regarding my child to the I-Team and team.  
Child’s Name:  
_______________________________  
Name(s) of Person, Agency or Other Third Party (ies):  
______________________________________  
______________________________________  
______________________________________  
Parent or Guardian Signature: ____________________Date: ____________  

I-Team Mailing Address:  
VT I-Team Early Intervention Project  
UVM CDCI, 305 Mann Hall, Attn: Emma Nelson  
208 Colchester Ave., Burlington, VT 05405  
Confidential Fax: 802-656-3636