

Vermont Continence Project

PARENT PERMISSION FOR VERMONT CONTINENCE PROJECT SERVICES AND CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

I am the parent/guardian of _____.

I give permission for my child's /student's team:

- To request and receive consultation services from the VT Continence Project.
- To exchange information from my child's records with VT Continence Project for use during the consultation and related planning.

I understand that:

- VT Continence Project services may include such services as talking with me and with service providers about my child's needs, observation of my child in school or daycare settings, participation in team meetings, providing relevant resources, and providing training and/or recommendations.
- There is no cost to my family for these services.
- The VT Continence Project provides services for children and students from birth to 22 years of age.
- The VT Continence Project will observe confidentiality requirements.
- I may revoke this consent in writing at any time in the future if I no longer wish to use the VT Continence Project consultation services.
- In order to continue Continence Project services, a new referral and parent permission is requested after July 1.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

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

Additional Consents:

1. Consent to Release of Medical and/or Other Third-Party Information:

To assist the VT Continence Project and my child's team in planning and implementation of services for my child, I give permission to the VT Continence 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 VT Continence Project and team.

Child's Name: _____

Name(s) of Person, School, Physician, Agency or Other Third Party(ies):

Parent or Guardian Signature: _____ Date: _____

2. Use of e-mail:

I consent to the use of e-mail for confidential correspondence between the VT Continence Project, members of the child's team, and me.

Parent/Guardian signature: _____ Date: _____