



## I-Team Early Intervention Project

### PARENT PERMISSION FOR 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 I-Team Early Intervention Project.
- To exchange information from my child's records with the I-Team Early Intervention Project and related UVM personnel for use during the consultation and related planning.

**I understand that:**

- The I-Team Early Intervention Project services may include such services as talking with me and with service providers about my child's needs; observation of my child in home, school, daycare, and/or community 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 I-Team Early Intervention Project will observe confidentiality requirements.
- The I-Team Early Intervention Project 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 use the I-Team Early Intervention Project services.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Print Parent/Guardian Name:

\_\_\_\_\_

Language used in the home: \_\_\_\_\_



Additional Consents:

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

To assist the I-Team Early Intervention Project and my child's team in planning and implementation of services for my child, I give permission to the 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, or for person(s)/organization(s) named below to disclose information and/or records regarding my child to the I-Team Early Intervention 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 I-Team Early Intervention Project, members of the child's team, and me.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Photographs and recordings for use by the I-Team Early Intervention Project:

I consent for the 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 the I-Team Early Intervention Project members and team members involved in planning and/or implementing my child's programming.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_