Vermont Early Mobility Project

PARENT PERMISSION FOR VT EARLY MOBILITY 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 VT Early Mobility Project.
• To exchange information from my child’s records with VT Early Mobility Project for use during the consultation and related planning.

I understand that:
• VT Early Mobility Project 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 Early Mobility Project will observe confidentiality requirements.
• The VT Early Mobility 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 VT Early Mobility Project consultation services.

Signature of Parent/Guardian: _________________________ Date: _______________

Print Parent/Guardian Name: ___________________________________________________

Child’s name: __________________________________________________________________
PARENT PERMISSION FOR I-TEAM SERVICES AND CONSENT TO THE RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

Additional Consents:

1. Photographs and recordings for use by the VT Early Mobility Project:
I consent for the VT Early Mobility 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 VT Early Mobility Project 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 Early Mobility Project, members of the child’s team and me.

Parent/Guardian signature: ________________________ Date: ______________

3. Consent to Release of Medical and/or Other Third Party Information:
To assist the VT Early Mobility Project and my child’s team in planning and implementation of services for my child, I give permission to the VT Early Mobility 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 Early Mobility Project and team.

Child’s Name: ____________________________________________________________

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

________________________________________________________
________________________________________________________
________________________________________________________

Parent or Guardian Signature: ________________________ Date: ______________

VT Early Mobility Project
9.18.19