

tiny-k Early Intervention

**General Consent Form**

Child's Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\* I authorize the tiny-k Early Intervention and participating agencies to exchange  
1) medical records 2) educational information 3) social information 4) developmental information

With all of the following agencies except...

**(Please draw a line through the agencies listed you DON'T want us to share information with.)**

- √ Baldwin Elementary School
- √ Ballard Community Center
- √ Bert Nash Community Mental Health Center
- √ Brookcreek Learning Center
- √ Centro Hispano Res. Center
- √ Children's Learning Center
- √ Children's Mercy Hospital
- √ Cottonwood, CDD
- √ Douglas County Child Development Association
- √ Douglas Co. Dental Clinic
- √ tiny-k Early Intervention Staff
- √ Early Childhood Autism Program (ECAP)
- √ Early Head Start
- √ East Central Kansas Cooperative in Education
- √ Educare
- √ ERC
- √ Haskell Indian Health Service
- √ Head Start
- √ Healthy Families
- √ Hilltop Child Development Center
- √ Kansas Children's Service League, KCSL
- √ Kansas Department of Health and Environment, KDHE
- √ KU Child and Family Services Clinic
- √ KU Medical Center
- √ Kaw Valley Center Behavioral Healthcare
- √ Kansas State Department of Education
- √ Lawrence-Douglas County Health Department
- √ Lawrence Early Childhood Special Services/USD #497
- √ Lawrence Family Vision Clinic
- √ Lawrence Memorial Hospital
- √ Lawrence Otolaryngology Association, P.A.
- √ Lydia Diebolt, Spanish Interpreter
- √ Nottingham Elementary School – Eudora
- √ Overland Park Regional Medical Center
- √ Parents As Teachers Program
- √ Pediatric and Adolescent Medicine, P.A.
- √ Social and Rehabilitation Services
- √ Social Security Administration
- √ Sound Beginnings
- √ Stepping Stones
- √ Success by 6 Coalition
- √ Sunnyside Infant-Toddler Program
- √ The Farm Inc.
- √ Trinity In-Home Care
- √ Child Care Provider \_\_\_\_\_
- √ Physician \_\_\_\_\_
- √ Other \_\_\_\_\_
- √ Other \_\_\_\_\_

\* I understand that the purpose of such disclosure is to coordinate services of these agencies to meet my family's needs, and will be used only for the developmental benefit of my child, and that confidentiality will be maintained in accordance with federal and state regulations.

\* I also understand that I have access to any information shared by agencies in regard to my child.

\* I hereby release the tiny-k Early Intervention and all participating agencies from all legal responsibility or liability that may arise from the act I have authorized by this form.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(relationship to child): \_\_\_\_\_

tiny-k Early Intervention Member: \_\_\_\_\_ Agency \_\_\_\_\_