



**AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION
REGARDING THERAPEUTIC REFERRALS**

I/We, _____ of,
Full name of Parent(s) / Legal Guardian(s) (Please Print)

(Street)

(City)

(Postal Code)

Being the Parent and / or Legal Guardian of

(Child's full name)

(Child's date of birth)

I/We do hereby authorize Children's Services Child Care Fee Subsidy Program to obtain and release all child and family information as it relates to the assessment and verification of Eligibility and Placement for Child Care on the above named child to /from:

- | | |
|---|--|
| <input type="checkbox"/> All Kids Belong | <input type="checkbox"/> Merrymount Children's Centre |
| <input type="checkbox"/> Canadian National Institution for the Blind (CNIB) | <input type="checkbox"/> Physicians /Family Health Team |
| <input type="checkbox"/> Child and Parent Resource Institute (CPRI) | <input type="checkbox"/> Thames Valley Children's Centre |
| <input type="checkbox"/> Children's Aid Society | <input type="checkbox"/> Tyke Talk |
| <input type="checkbox"/> Community Living London | <input type="checkbox"/> Women's Shelters _____ |
| <input type="checkbox"/> London Middlesex Health Unit | |
| <input type="checkbox"/> Madame Vanier Children's Services | |
| <input type="checkbox"/> Other _____ | |

It is acknowledged that the exchange of such information shall not be regarded as a breach of confidentiality and it is understood that the child and family information shared will be used to serve my child's needs (Health Care and Education needs).

This authorization may be terminated at any time by the undersigned by submitting a **written request** to Manager, Children's Services Child Care Fee Subsidy Program, 151 Dundas St. London ON N6A 4L6, 519-661-2500 ext. 4794.

This release is effective for twelve months commencing the date it was signed and witnessed. An updated signed consent form is required upon annual review.

Signature of Parent(s) / Legal Guardian(s)

Parent(s) / Legal Guardian(s) Phone Number

Signature of Referring Source

Name & Referring Source Phone Number

Date of Release: _____
(day/month/year)

Expiry Date of Authorization: _____
(day/month/year)