

# Expressions

## At George School

### Parental Permission to Exchange Information Form

*The purpose of this form is to give us permission to talk with other professionals who work with your child throughout the year. This helps us learn more about your child when approving the application and preparing for their arrival to camp. It also allows us to share information from the summer, so that your child's work may be continued throughout the next year. This may include doctors, therapists, and teachers. This permission form is for the Expressions application only and therefore is only valid until the end of August, 2010.*

*I, the undersigned, do hereby give my permission for Camp Concepts and the staff of Camp Expressions and the following list of individuals to share information about my child,*

\_\_\_\_\_ *Child's Name*

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#### ◆ FIRST PROFESSIONAL:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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#### ◆ SECOND PROFESSIONAL:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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#### ◆ THIRD PROFESSIONAL:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please note: The information gathered will be kept confidential by Camp Concepts and the staff of Expressions at George School. It will not be released to or gathered from any other agency or individual other than those listed above without special written consent.**

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

Printed Name of Parent/Guardian: \_\_\_\_\_