

Expressions

At George School

Parental Permission Form for the Release of Information

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, 2006.

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*

◆ FIRST PROFESSIONAL:

Name: _____ Relationship to child: _____

Address: _____ Length of relationship: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

◆ SECOND PROFESSIONAL:

Name: _____ Relationship to child: _____

Address: _____ Length of relationship: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

◆ 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: _____