



1455 Response Rd. Suite 260
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(916) 344-6259
(916) 344-2736 Fax
www.beanstalk.ws

PROGRAM/CENTER _____

PERMISSION TO RELEASE INFORMATION

I give permission for *Beanstalk* Staff to release the following information to the

_____ regarding
(School or School District, Counseling Service, Developmental or Screening Service)

my child(ren) participation in the child care and development program. Original documents remain the property of Beanstalk, therefore copies only will be provided to the above named institution. Enrolled parent/guardian must INITIAL each section pertaining to this request:

_____ Desired Results Developmental Profile – (DRDP-2015)

_____ Medical/Dental Screening

_____ Immunization Records

_____ In Class Observation of my Child
(including questions regarding my child's growth & Development and Interaction with others)

_____ Other: _____

All other information concerning the family's participation in Beanstalk remains confidential. Enrolled adult reserves the right to revoke the Permission to Release Information at any time by submitting a written, signed and dated statement to the Site Supervisor/Center director or Child Development Specialist.

Print Child's Name

Parent/Guardian Signature

Date Signed

Staff Signature

Date Info Provided