



**NIAGARA COUNTY DEPARTMENT OF HEALTH
CHILDREN WITH SPECIAL NEEDS**

5467 Upper Mtn. Road Trott Access Center
Suite 100 1001 – 11th Street
Lockport NY 14094 Niagara Falls NY 14301
439-7460 278-8180
FAX: 438-3006 FAX: 278-8288

Early Intervention and Therapeutic Services
Children with Special Needs
Preschool Special Education
Physically Handicapped Children's Program

Child's Name

RELEASE OF INFORMATION

Address

Date of Birth

Consent is hereby granted for the Niagara County Health Department, Early Intervention Program to obtain and/or furnish personally identifiable information regarding my child, _____, and their participation in the Early Intervention Program between my child's service provider(s), evaluator(s), service coordinator, Early Intervention Official, health care professionals, childcare provider(s) and school district personnel and may be either written or verbal in nature.

I have been informed of the right to refuse to sign this general release and am aware that I may request a more selective release and that I may revoke such authorization at any time. This consent shall not be used for the release of confidential, HIV-related information without specified, additional consent.

Parent/Guardian/Surrogate Parent

Witness/Notary Public

Date