

**HAPPY HOLLOW SCHOOL
29 Oaks Road
Framingham, MA 01702**

2009-2010 School Year

RECIPROCAL CONSENT TO RELEASE AND SHARE INFORMATION

In order to best serve children's needs, there are times when it is appropriate for Happy Hollow School and other providers or specialists (i.e. speech therapists, etc.) to exchange information about your child. In order to participate in this exchange of information, Happy Hollow School must first receive your consent prior to sharing any information about your child or before receiving any relevant information about your child from any professionals with whom your child interacts. This consent for information sharing among professionals involved in a child's day enhances educational, child care and family support experiences.

Any information obtained as a result of this consent shall be maintained in your child's records and treated as confidential.

I/we give permission to Happy Hollow School, 29 Oaks Road, Framingham, MA 01702,

and

Name(s) of Therapist/Specialist/Medical Professional, etc

For the reciprocal exchange of information, in writing and in conversation, about my child:

Name of Child (Please print)

Date of Birth (DD/MM/YY)

Name of Parent/Guardian (Please print)

Signature of Parent/Guardian

Date