

**MISSISSIPPI COUNTY, ARKANSAS, E.O.C
EARLY CHILDHOOD EDUCATION DEPARTMENT**

**PARENT/GUARDIAN PERMISSION TO RELEASE OR OBTAIN
CONFIDENTIAL INFORMATION**

I, _____ give the MCAEOC Early Childhood Education Department consent
(Parent/Guardian)

to obtain from or give to the following agencies and /or person's pertinent social, medical or other
information about _____ for whom I am legally responsible.
(Name of child)

In granting such permission, I understand that such information will remain confidential and that such
information will be used for the benefit of the child named above. This consent is valid for one year after
the date signed. Please list all Medical and Dental Providers the child has been seeing on a regular
schedule.

<u>Name of Agency or Person</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

I release the MCAEOC Early Childhood Education Department and its staff from any legal liability of disclosing or acquiring information which I have permitted by signing this form.

I also release the above-named persons and/or agencies from any legal liability for giving information to the MCAEOC Early Childhood Education Department for the period stated above.

Signature of Parent/Guardian: _____ Date: _____

**I have explained to _____ the purpose of this release and the
(Name of Parent/Guardian)**

disclosure which might reasonably be anticipated.

Signature of Head Start Staff: _____ Date: _____