

KidsConnecting
Stacey Baskind, MA, BCBA

Consent to Share Information

Your consent will give permission for the exchange of information between Stacey Baskind and _____ with regards to your child.
(Name of School/Child Care/Family Support/Professional)

Consent for information sharing among professionals involved in your child's day:

- is a necessary legal and ethical practice
- must be obtained prior to the sharing of any information.
- acknowledges the parent or legal guardian as having the authority to grant or withhold permission for the sharing of relevant information with another party
- can enhance your child's learning.

I/we give permission to

Name of School/Child Care/Family Support/Professional

for the reciprocal exchange of information about my child with Stacey Baskind MA, BCBA.

Name of Child: _____ Date of Birth: _____

Name of Parent: _____ Parent's signature: _____

Date: _____

Name of Clinician: _____ Clinician's signature: _____

Date : _____

Consent will expire a year from the date it was signed. Parents have the right to withdraw consent at any time prior to the expiration date.

Expiration date: _____