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Nurse Consulting Information

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

I \_\_\_\_\_ do not authorize any personal  
(Parent / Guardian's Name)  
information for either myself, my family, or my child(ren) shared outside of Liberty Learning  
Centers Inc. to any entity or agency regardless of the way the information may be shared. If you  
have any questions, please feel free to contact me directly.

\_\_\_\_\_  
(Parent / Guardian's Signature)

\_\_\_\_\_  
(Date)