



RELEASE OF INFORMATION

Household Contact Information

Your Name

Spouse/Partner Name

Child(ren)'s Name(s)

Address

Phone Number

Email

I give consent for SEEDS to:

_____ **RELEASE** information

_____ **RECEIVE** information

To/From the following organization(s):

_____ **Conestoga Valley Christian Community Services (CVCCS)**
2420 Gehman Lane, Lancaster, PA 17602

_____ **Conestoga Valley School District**
2112 Horseshoe Road, Lancaster PA 17601

I have a child/children at the following schools (check all that apply):

___ Brownstown ___ Fritz ___ Leola ___ Smoketown

___ Gerald H. Huesken Middle School ___ Conestoga Valley High School

_____ **Other:** _____

_____ **Other:** _____

I consent to have the following information shared between entities:

_____ Referral Information

_____ Medical Records (Family History, Diagnosis, Medication, Medical Record)

_____ Verbal and Written Communication

_____ **Other:** _____

Printed Name

Signature

Date (Expiration of Release is 1 Year)