

APPENDIX E

PERMISSION TO REFER FORM

Child's Name: _____

Address: _____ Phone: _____

Age: _____ Sex: _____ Date of Birth: _____

_____ has my permission to refer
(Program or School name)

my child, _____, to _____
(Child's name) (Consulting agency or Provider)

for the purpose of _____.

I expect to be advised in writing of any outcome of this evaluation.

(Parent / Guardian Signature) (Date)

RELEASE OF INFORMATION

I give my consent for _____ and _____
(Name of Program) (Name of Professional or Program)

to exchange information regarding the therapeutic goals and progress of:

(Child's Name)

I give my permission for all subjects to be included with the exception of the
following content area: _____.

Parent or Guardian: _____
(Signature) (Date)