



Learn 'N Play of Wooster
243 S. Bever Street
Wooster, Ohio 44691
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330-263-9139

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Communication/Records Release

Child's Name _____ DOB _____

Parent's/Guardian Name _____

Address _____

_____ City _____ Zip _____
 I/we the parent(s)/Guardian of _____ agree to allow Learn 'N Play of Wooster,
 to share and/or exchange necessary information among the following agencies: (please complete all that
 apply)

- | | |
|---|---|
| <input type="checkbox"/> Community Action Wayne/Medina | <input type="checkbox"/> Public Schools |
| <input type="checkbox"/> Pediatrician/Physician | <input type="checkbox"/> Akron Children's Hospital |
| <input type="checkbox"/> Specialist (circle all that apply) | <input type="checkbox"/> Speech/Hearing Developmental |

Other _____

(Please be specific)

Information May Include

- | | |
|---|---|
| <input type="checkbox"/> Applications for service | <input type="checkbox"/> Education Records |
| <input type="checkbox"/> Physical/Medical Records | <input type="checkbox"/> Multi-factored Evaluations |
| <input type="checkbox"/> Family History/Background | <input type="checkbox"/> Individual Education Plans |
| <input type="checkbox"/> Suspected or Diagnosed Disabilities | <input type="checkbox"/> Children's Services County _____ |
| <input type="checkbox"/> Any other pertinent information pertaining to the child and family | |

List Organizations, Address, Phone number: _____

The staff from the above agencies are given permission to share and/or exchange information on an informal basis with regards to the child's educational services, comprehensive services affecting the child's and/or the families development.

The above is a release on the condition that it will not be forwarded to anyone other than the above named agencies without the written consent of the parent's or legal guardians. A copy of the record(s) released is/are available to the parent legal guardian upon request. This information was explained to the Parent/Guardian with an explanation given to the purpose of the release.

Signature _____ Date _____
 (Parent/Guardian)

Staff Witness _____ Date _____

Original; Above Sources Copy to; Child's File and parent