

Dear Parent/Guardian:

Due to HIPAA regulations, your child's Physician, Nurse Practitioner or Physician's Assistant is unable to release information about your child to anyone but yourself or anyone you designate to receive this information.

The form on the reverse side is for you to use so that your childcare program/provider might be able to contact your child's health care provider, should they have any questions concerning medications, or if any questions, issues or concerns arise pertaining to your child's health.

Be sure that you make three (3) copies; one for your child's health care provider, one for the child care program/provider and one for your records.

Thank you

HIPAA RELEASE FORM

Dear Health Care Provider: _____
(Name)

I, _____
(Parent/Guardian)

Parent/Guardian of _____
(Child's Name)

give permission for you to consult with and release information to

_____ **CHILD'S WORLD NURSERY SCHOOL** _____
(Name of Child Care Provider)

so that she/they can provide safe and appropriate care to my child concerning his/her medications and health care of if any questions, issues or concerns arise pertaining to my child's health.

Signature of Parent/Guardian: _____

Date: _____

(one copy for health care provider, one for child care provider/program and one for parent/guardian)