



Town of Oak Creek

The following release is OPTIONAL. It will be used to open up lines of communication between program staff and school staff (and possibly counseling staff) if/when necessary. We encourage school staff to let us know if a child needs extra help in a certain subject, or getting homework done. If a child is having other issues this form will facilitate program staff in becoming more helpful in creating or supporting the best solution for your child.

Please contact the Recreation Coordinator at (970) 200-4149 or at epetersen@townofoakcreek.com, if you have further questions regarding this release.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, parent of _____, authorize the Town of Oak Creek Parks and Recreation youth program staff and the below identified entity(ies) to exchange any personal identifiable information in the records of either organization concerning my student with the agency or agencies indicated below. This is for the purpose of interagency coordination and collaboration.

Please check the agency/agencies below that might apply to your child.

- _____ South Rout Elementary School
- _____ South Routt Middle School
- _____ South Routt High School
- _____ Mind Springs Health
- _____ Other agency _____
- _____ Other agency address _____
- _____ Other agency contact & phone # _____

I understand that my records or those of the minor child listed are protected under State Regulations, and this information cannot be disclosed without my written consent. I understand that this is a written consent to disclose such records and that I may revoke this consent at any time, except in the instance such as a court order or other circumstances where the law requires information to be released.

This release expires in one year unless revoked in writing prior to the below date.

Parent/Primary Guardian Signature

Date

Parent/Primary Guardian Signature

Date