

Release of Information Form B

I, _____, *parent/guardian of*
 _____ *(child)*

authorize _____ (child's) provisional psychologist, ***Heather McAuliffe***, at Child Development Network, Milton to gain and release information about my child with the following people and agencies that might be helpful regarding their care and treatment:

I understand that I may withdraw this consent at any time on request. I have read and understood the above information. I agree to these conditions for the service provided by Heather McAuliffe.

_____ (child's name)

Name of parent/guardian	Signature	Date
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Client Withdrawal of Consent (Verbal)

Verbally on _____ (date) with _____ (CDN representative)

Signed: _____ (CDN representative)

Signed: _____ (Parent/Guardian)

Client Withdrawal of Consent (Written)

In writing on _____(date) by _____ (mode of contact) and
received by _____ (CDN representative)

Signed: _____ (CDN representative)