
CONSENT TO RELEASE STUDENT INFORMATION—BABIES COUNT

In order to register my child for Babies Count, a national registry of young children with visual impairments through the American Printing House for the Blind (APH*), I hereby authorize the local school district to share information with NCECBVI and APH that includes my child's personally identifiable information as follows:

Child and Family Information

Name, gender, date of birth, ethnicity of child, gestational age at birth, information about multiple births

Information about Parents/Guardians

Biological age of parent(s), residence of child, primary language, level of education of parent(s)

Medical and Visual Information

How vision information was obtained, visual diagnosis (incl. timeline), occurrence of etiology, if visual impairment due to non-accidental trauma, glasses/contacts/prosthesis, additional medical & health conditions, presence of additional developmental delays, functional vision, developmental needs, primary learning channel

Early Intervention Service Information

Zip code of primary residence, dates of referral and enrollment in vision services and information about who referred for services, who is currently providing services to the child and family, frequency of services, and location for services provided, which additional early intervention services the child and family receives

Program Exit Information (when applicable)

Date of exit from specialized vision services, reason child exited from services, which type of services the child transitioned to, will specialized vision services be provided to the child in the new setting

I, _____ (print name), certify that I am the parent(s)/guardian(s) of _____ (student's full name), whose date of birth is _____ (student's complete date of birth), and that s/he is a dependent according to Section 152 of the Internal Revenue Code. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to Tanya Armstrong (tarmstrong@esu4.net).

Parent/Guardian Signature

Date