Yellowstone-West/Carbon County Special Services Cooperative
714 East 5th Street, Laurel, MT 59044

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

I hereby give permission for mutual exchange of information and record among the Yellowstone-West/Carbon County Special Services Cooperative, the school of enrollment and the following organization(s) (please list names/addresses above of those persons or agencies involved with your child presently or in the past (doctors, clinics, hospital, therapists, school, etc.):

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Parents(s): Please <u>INITIAL</u> on the line next to the requested records:

______ Patient History

______ Medical Reports

______ History/Physical

______ Growth Grids

______ Consultation Reports

________ Surgical Reports

______ Admission Summary

______ Dismissal Summary

______ Social History

______ Custody Agreement

______ Current Evaluation Report and/or IEP

______ Psychological Report

______ Speech/Language Therapy Reports

______ Physical Therapy Reports

______ Occupational Therapy Reports

______ Audiological Evaluation

______ Telephone Conference

______ Other

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From the records of:

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Child's name

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Child's birthdate

____
School

____
Signature of person giving consent

____
Date

____
Relationship to child