

Children's Integration Support Services

Authorization for Release of Information

Child's Name: _____

Date of Birth: _____

I _____ authorize the release of the most recent
(name of parent/guardian)

psychological, social work, occupational therapy, speech therapy, physiotherapy, behaviour consultation and medical assessment reports completed on the above named child from:

- Ottawa Children's Treatment Centre (OCTC)
- OCTC - Getting Started Program
- Children's Hospital of Eastern Ontario (CHEO)
- Canadian National Institute for the Blind (CNIB)
- First Words, Speech & Language (CHEO)
- Other, specify
(name, complete address, phone number)

to Children's Integration Support Services for the purpose of planning for the integration of my child in a community child care centre/home child care agency and/or verifying eligibility for Thursday's Child Nursery School. This form is valid for a period of ninety (90) days. **If more than one service is able to provide assessment information, please photocopy this form as each service requires an original signature for the release of assessment reports.**

Signature _____ Date _____

Relationship to child name above _____

Please return to: Children's Integration Support Services,
Attention: Susan Spence, Intake & Resource Coordinator
700 Industrial Avenue, Suite 600
Ottawa, Ontario, Canada
K1G 0Y9

October 2010