Hammitt School on Willow

108 East Willow Street
Normal, Illinois 61761
Phone: (309)452-1170
Fax: (309)862-2902

Hammitt School on Oglesby

612 Oglesby Avenue
Normal, Illinois 61761
Phone: (309)452-1790
Fax: (309)452-1832

The Baby Fold - Consent for Exchange of Information

I, _____, hereby authorize and give consent for _____ _____,to release/receive/exchange information concerning_____ DOB ___/___/___ to/from/with Hammitt Schools, including Elementary, Junior and Senior High. **Please provide below the address, town, phone and fax number for the releasing facility:**

Type of Information:

1. Medical (Specify) Medication information, Diagnosis, Allergies
2. Psychiatric/Psychological (specify)Medication Information, Diagnosis, Coordination of Care
3. Educational (specify)IEP, Data, Reports, Attendance, Behavioral Concerns
4. Social History / Assessment (specify) Background Information
5. Financial (specify)

Other (specify) The need for adult service

The purpose of requesting this information : ☐ Provision of Social Services ☐ Casework Planning ☐ Provisions of Special Education ☐ Other _____

This consent is valid until: _____

Consents for release of information are valid for a maximum of one year; one time release of information is valid for a maximum of 90 days.

I understand that I have the right to inspect and copy the information to be disclosed, and that I may revoke this consent and any time. A revocation will not affect information previously disclosed.

Client (Signature of client 12 years or older)	Date	Address
Parent/ Guardian Signature	Date	Relationship to the above
Witness (TBF Emplyee)	Date	

Notice To Receiving Agency/ Person: Under the provisions of the Mental Health and Developmental Disabilities Confidentiality Act, you may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such a re-disclosure.

A copy of this consent form was given/mailed to the client on ____/____/_____

_____
Caseworker signature