



**AUTHORIZATION TO EXCHANGE INFORMATION & PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

The agencies and staff authorized to exchange information include:

- CNE staff and consultants
- CNE partners
- Child Care Assistance Program partners
- Child and Family Connections / Early Intervention
- Physician / Health Clinic
- Schools
- Illinois Department of Public Health
- Emergency Contacts
- 3<sup>rd</sup> Party Financial Auditors
- Other: \_\_\_\_\_

The following types of records may be released:

- Health / Medical Records
- Dental Records
- Immunization Records
- Social / Developmental Records
- IFSP / IEP, Staff Reports
- Therapy Records
- Speech / Language Records
- Transition Plans
- Psychological Evaluation Records
- Other: \_\_\_\_\_

Are there times when we would share information about you without your permission?

- If we have reason to believe any child is being abused or neglected, we are required by law to report it to the Department of Child and Family Services. If someone is in danger of hurting themselves or others, we are required to call 911.
- DCFS reports are made so families can receive the assistance they need to help keep their children healthy and safe.
- We may share family data with state or federal agencies working to improve early learning outcomes for children, in accordance with Head Start policies.

Photo Consent: For participation in activities to be conducted by CNE, I hereby give my permission and consent, now and for all time, to CNE EHS/HS, and or parties designated by CNE, to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my child of my experience within said activities, for publication, display, sale, social media or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. I understand that there will be no financial compensation for my time or expenses for this consent, and I release CNE EHS/HS from any claims. I agree that my consent and this release are irrevocable. I hereby release and discharge CNE and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my child of my experience as described herein.

My signature verifies my authorization to exchange information and that I have read this form and/or have had it explained to me in my native language. I hereby authorize CNE and the agencies involved in the services to be provided to my child or myself to engage in ongoing verbal or written communication, including electronic. I am aware that this information will be kept strictly confidential and will be used only to coordinate services that will benefit me, my child and family. I understand that this release remains valid for the duration of my / my child's enrollment.

I am the Mother/Father/Legal Guardian of (\_\_\_\_\_).

- For the consideration contained herein, I hereby CONSENT to the foregoing on behalf of myself OR my minor child.
- For the consideration contained herein, I hereby DO NOT consent to the foregoing on behalf of myself OR my minor child.

Mother/Father/Legal Guardian Printed Name: \_\_\_\_\_

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_