



CHILDREN'S DEVELOPMENTAL CENTER

1001 Bellefontaine Ave. Lima, Ohio 45804 (419) 226-5046
(first floor of Lima Memorial Health System)

AUTHORIZATION FOR RELEASE OF INFORMATION

The Children's Developmental Center of Lima, Inc. is hereby granted permission to release/obtain information about my child, from the following- check all that apply

Allen County Board of Developmental Disabilities staff (Early Intervention, SSA, ISS, et al.) _____

Lima Memorial Health System Outpatient Therapy Staff _____

Lima City Preschool Staff _____

Allen County Educational Service Center Staff _____

Allen East Preschool Staff _____

Please list any additional agencies or professionals that you are permitting us to communicate/exchange information with regarding your child. (medical specialist, developmental specialists, et al.). Please include names, address, phone numbers.

Child's Name _____

Name of individual completing the form _____

Signature of individual completing the form _____

Relationship to child _____

Date _____

Witness _____

This agreement is valid for a period of one year from date of signature unless otherwise indicated.