CARES Team

Consultation • Access • Resources • Equipment Support

Parent Consent Form

Consultation, Access, Resources, and Equipment Suppport (CARES)

The CARES Team provides consultation and technical assistance to educational teams that support students who are Deaf, Hard of Hearing, or Deafblind (DHHDB).

Consent to the Release of Personally Identifiable Information

I am the parent or legal guardian of:

_____

I give permission for my child's school team to:

- Request and receive consultation services from the CARES Team to support my child's educational access and participation in the school setting.
- Share relevant educational records with the CARES Team to support consultation and educational planning.
- Receive information, recommendations, and resources from the CARES Team related to my child's educational access and services.

I understand that:

- CARES Team services may include consultation with my child's educational team and family, participation in team meetings, environmental observations, training, technical assistance, equipment support, records review, clinical provider liaison, and recommendations to support my child's educational access.
- There is no cost to my family for these services.
- Legal confidentiality requirements will be observed by the school and the CARES Team.
- This consent will remain in effect for up to three years.
- The CARES Team services will be ongoing, unless the school district no longer requests consultation or if I revoke consent for the CARES Team services.
- I may withdraw my consent for CARES Team consultation services at any time by submitting written notice to the CARES Team.

Additional Consents

_____
Child's Name

1. **Use of e-mail.** I consent to the use of e-mail for confidential correspondence between the CARES Team and my child's school educational team.

2. **Consent to Release of Medical and/or Other Third-Party Information.** To assist in planning and implementation of services for my child, I give permission to CARES and my child's educational team to request, receive, and share relevant health and educational records with the individuals, agencies, or organizations listed below.

   Please check all that apply:

   ___UVM Medical Center Educational Services Program
   ___UVM Medical Center Ear, Nose and Throat (ENT)
   ___UVM Medical Center Audiology – Fanny Allen
   ___UVM Health Network Porter ENT and Audiology
   ___UVM E.M. Luse Center
   ___Northwestern Medical Center ENT and Audiology
   ___Northwest Hearing Services
   ___Better Living Audiology
   ___Brattleboro Hearing Center
   ___Rutland Regional Medical Center ENT and Audiology
   ___North Country Otolaryngology and Audiology
   ___Dartmouth-Hitchcock Medical Center ENT and Audiology

   ___Other (please specify):_____

_____ _____
Parent/Guardian Signature Date

_____
Print Parent/Guardian Name

_____
Parent/Guardian Email

_____
School District/School Name

CARES Team Contact Information

Pam Hoover, Director
Phone: (800) 770-6103 ext. 225