



**PARENT PERMISSION FOR EARLY INTERVENTION PROJECT OF
VERMONT SERVICES AND CONSENT TO THE RELEASE OF
PERSONALLY IDENTIFIABLE INFORMATION**

I am the parent/guardian of _____.

I give permission for my child's early intervention team,

- To request and receive consultation services from the Early Intervention Project of Vermont.
- To exchange information from my child's records with Early Intervention Project of Vermont and related UVM personnel (such as I-Team members during transition) for use during the consultation and related planning and implementation of the One Plan.

I understand that:

- Early Intervention Project of Vermont services may include such services as talking with me and with service providers about my child's needs; observation of my child in home, childcare and/or community settings; participation in team meetings; providing relevant resources; and providing training and/or recommendations.
- There is no cost to my family for these services.
- In connection with the provision of Early Intervention Project of Vermont services, a University of Vermont student may observe and engage in Early Intervention Project of Vermont activities (including but not limited to, intake, observations, co-visits, trainings), under the direction of Early Intervention Project of Vermont. The student would not be responsible for any direct service provision to my child or family.
- Legal confidentiality requirements will be observed by the early intervention team and the Early Intervention Project of Vermont.
- The Early Intervention Project of Vermont will continue on an ongoing basis, until my child's third birthday or unless the team no longer requests consultation or if I revoke consent for Early Intervention Project of Vermont services.
- I understand that this consent will be in effect while receiving services and may cover multiple years. However, I also understand that I may revoke this consent in writing at any time in the future by giving written notice to Early Intervention Project of Vermont if I no longer wish to have the Early Intervention Project of Vermont consult with respect to my child's early intervention services.

Signature of Parent/Guardian: _____

Date: _____

Print Parent/Guardian Name:

Language used in the home: _____



Additional Consents:

1. Consent to Release of Medical and/or Other Third-Party Information:

To assist the Early Intervention Project of Vermont (EIP) and my child's team in planning and implementation of services for my child, I give permission to the EIP and my child's team to communicate and share records and information regarding my child, to the individual(s), agency(ies), or organization(s) named below, or for person(s)/organization(s) named below to disclose information and/or records regarding my child to EIP and team.

Child's Name: _____

Name(s) of Person, School, Physician, Agency or Other Third Party(ies):

Parent or Guardian Signature: _____ Date: _____

2. Use of e-mail:

I consent to the use of e-mail for confidential correspondence between the EIP, members of the child's team, and me.

Parent/Guardian signature: _____ Date: _____

3. Photographs and recordings for use by the Early Intervention Project of Vermont:

I consent for EIP to photograph, record, and/or video my child to assist in determining and providing recommendations and implementation. These items will only be shared with EIP members and team members involved in planning and/or implementing my child's programming.

Parent/Guardian signature: _____ Date: _____