

Please fill out both sides of this form.

CONSENT TO EXCHANGE HEALTH INFORMATION

Child's Name: _____ Child's Date of Birth: _____
Parent(s)/Guardian's Name: _____
Address: _____ City: _____ Zip: _____
Phone # (H): _____ (W): _____
Primary Language: _____ Family Interpreter: _____

As parent/guardian of the above named child, I authorize the mutual exchange of confidential information between Jefferson County Head Start and:

- Arvada Pediatrics 8030 Lee Drive Arvada 80005
Phone: (303) 421-6873 Fax: (303) 421-9922
- Carin Clinic 5150 Allison Street Arvada 80002
Phone: (303) 423-8836 Fax: (303) 403-0592
- Clinica Campesina Location: _____
- MCPN Location: _____
- Rocky Mountain Pediatrics 2020 Wadsworth Blvd #16 Lakewood 80215
Phone: (303) 233-8701 Fax: (303) 233-2850
- Rocky Mountain Youth Clinics 9195 Grant Street #301 Thornton 80229
Phone: (303) 450-3690 Fax: (303) 450-3699
- Peak Pediatrics 3555 Lutheran Pkwy #340/#370 Wheat Ridge 80033
Phone: (303) 996-6005 Fax: (303) 420-8831
- Pediatrics West 3555 Lutheran Pkwy #200 Wheat Ridge 80033
Phone: (720) 284-3700 Fax: (303) 467-0525
- Other: _____

Information to be Released:

- Physical Exam form
- Special Diet Statement
- Immunization Record
- Other _____

Reason for exchange of information:

- Head Start Requirement
- Collaboration of Services
- Other _____

Parent(s)/Guardian(s) Signature/Date

Head Start Staff Signature/Date

In accordance with the requirements of the Family Education Rights and Privacy Act (FERPA), and the Jefferson County Head Start Confidentiality Policy, information sent or received by Head Start may not be shared with any other party without the written consent of the parent(s) or guardians(s).

*****This consent form will expire one year from date signed.*****

****IF THIS IS FOR AN EXISTING FAMILY GOAL, PLEASE CONTACT JEFFERSON COUNTY HEAD START TO ENSURE THE DELIVERY OF SERVICES TO THE FAMILY IS MUTUALLY SHARED.**

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As parent/guardian of the above named child, I authorize the mutual exchange of confidential information between Jefferson County Head Start and:

- All About Kids Dental 2020 Wadsworth Blvd Arvada 80214
Phone: (303) 431-1221 Fax: (303) 463-0792
- Comfort Kids Dentistry 9990 W. 26th Ave. Garden Level Lakewood 80215
Phone: (720) 285-7972 Fax: 1-877-444-4055 (3 other locations)
- Kid Focus Dentistry 5111 Kipling St Wheat Ridge 80033
Phone: (303) 543-8338 Fax: (720) 382-1289
- MCPN Dental Clinic 11005 Ralston Road Ste100G Arvada 80004
Phone: (303) 431-0844 Fax: (303) 456-6124
- Pediatric Dental Group 7975 Allison Way Arvada 80005
Phone: (303) 421-5437 Fax: (303) 422-5300
- Pediatric Dental Group 8500 W 38th Ave #306 Wheat Ridge 80033
Phone: (303) 467-8888 Fax: (303) 467-8801
- Primary Dental 5801 W. 44th Ave. # C Denver 80212
Phone: (303)433-1239 Fax: (303) 455-5317
- Other: _____

Information to be Released:

- Dental Exam Form
- Other _____

Reason for exchange of information:

- Head Start Enrollment Requirement
- Other _____
- Collaboration of Services

Parent(s)/Guardian(s) Signature/Date

Head Start Staff Signature/Date

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