



Northeast Kansas Infant-Toddler Services

500 E. Sunflower Blvd Ozawie, KS 66070

Phone: (785) 876-2214

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tinyk@keystonelearning.org

Permission to Exchange Information

To best support you and your child, Northeast Kansas Infant Toddler Services may need to communicate with and access records from other agencies or individuals. By completing this form you give us permission to communicate with the agency and/or individual listed below. We will only talk with or exchange written information with this agency and/or individual with your permission and knowledge. You may deny or revoke consent at any time. This consent will be in effect until your child's 3rd birthday or you revoke your consent in writing.

Some of the agencies/individuals you may want us to communicate with include: Physicians, Parents as Teachers, Early Head Start, SRS, Foster Care, Child Care Provider, Medical Centers, WIC, Court/Legal Services, School District

I/We give permission to Northeast Kansas Infant Toddler Services (NEKITS) to exchange information regarding my/our child, _____ (child's name), born on _____ for the purpose of providing early intervention services and supports. I/We understand that NEKITS will only share with and obtain information from the following agency/individual:

Agency/Individual Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Records Requested and Date(s):