



PARENT CONSENT FORM FOR RELEASE OF INFORMATION

I, _____, authorize _____
(parent/guardian's name) (school's name)

to release the following information of my child, _____
(child's first name, middle initial, last name)

to LifeWise volunteers or employees.

- Health and Medical Plans
- Behavior Plans
- Special Education services
- Pertinent Academic information
- Psychological information
- Other: _____

Signed: _____
(parent/guardian)

Date: _____