Phone: 319-626-2257
Fax: 319-359-4015
E-mail: info@sensorykidsiowa.com

SENSORY KIDS THERAPY SERVICES

AUTHORIZATION TO RELEASE OR EXCHANGE CONFIDENTIAL RECORDS AND INFORMATION

CHILD'S NAME: _____ DOB: _____

I hereby authorize Sensory Kids Therapy Services (check all that apply)

___ Release information to ___ Gather information from ____ Exchange information with

Name of Person or Organization: _____

Address: _____

_____

Phone: _____

Email: _____

Signature of parent/guardian: _____

Printed name: _____

Date: _____