



Release & Exchange Of Information

I authorize and direct Anne Swart/Hoot Hoot OT, having assessed and/or treated my child to release and exchange any appropriate information acquired in the course of the assessment and treatment to the following agencies, facilities, schools, or related professionals:

School or District: _____

Medical Doctor: _____

Psychologist _____

Speech Therapist/Physical Therapist: _____

Other: _____

Child's Name: _____

(Parent/Guardian Signature)

(Date)

