



### Release of Information Form

I, \_\_\_\_\_, grant WE Play/Sensawee Play, LLC permission to contact and/or release my child's report to the following therapist/agencies/individuals listed below.

Contact	Release Report	Individual/Agency	Address	Phone #	Email Address
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	( ) -	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	( ) -	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	( ) -	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	( ) -	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	( ) -	_____

Parent/s Signature \_\_\_\_\_

Date \_\_\_\_\_