



741 S. Pennsylvania Ave.
Winter Park, FL 32789
407-647-0505

Consent for Exchange of Confidential Information

Re: _____ DOB(S): _____
(Child/Children's Names)

Although client confidentiality is of great importance, it is often necessary for us to talk to people who have been associated with you and/or your child in order to best meet your child's needs.

Please include below the person our staff may talk to regarding your child. Please be assured that any contact with these individuals will be handled with the utmost discretion and professionalism. Any information gathered will be treated with respect and confidentiality.

Designated Person: _____

Winter Park Day Nursery may speak to regarding:

Initial

- _____ Tuition/Financial
- _____ Behavior
- _____ Illness/Accident Forms
- _____ Anything you would speak to me about

I hereby authorize WPDN to communicate with the above designated person regarding information which is important my child/children.

If circumstances change, and I no longer wish for WPDN to speak about my child/children to this person, it is my responsibility to inform WPDN.

Signature of Parent/Legal Guardian

Date