

**Stepping Stones Children's Center**

**12228 W Bridger Bay Dr.**

**Star, ID 83669 208-286-9362**

**Tax ID # 20-3352234**

**Sharing of Documentation and Information Form:**

I am completing this form to allow the use and sharing of documentation and information about:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize Stepping Stones Children's Center to use and disclose the following information:

- Documentation of child's development recorded for classroom planning purposes
- Individual child planning forms
- Other
- Do not release \_\_\_\_\_

To this person/organization:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

For this purpose \_\_\_\_\_

By signing this authorization, I understand that the parties named above are permitted to exchange written and verbal information regarding my child for the stated purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date