

Edgewood Children's Center
330 North Gore Avenue
Saint Louis, MO 63119

Respite Services
Authorization for Release of Confidential Information

Regarding:

Name of Child: _____

Birthdate: _____

I authorize Edgewood Children's Center to release or provide information to:

I understand that this authorization for Release of Confidential Information is effective for one year from the date of signing.

Effective dates: _____ - _____.

Signature of Parent/Legal Guardian: _____ Date: _____

Relationship to child: _____

Witness: _____ Date: _____