



Spokane County Head Start / ECEAP / EHS
RELEASE OF INFORMATION—HOLMES

FSC _____

Room No. _____

Session: AM PM

Child's name _____
LAST FIRST MIDDLE Date of birth _____

Parent's name (PLEASE PRINT) _____

Address _____

Phone _____

I hereby authorize:

**Holmes Head Start/CAPE
2600 W. Sharp
Spokane WA 99201**

To inform Holmes Elementary/Spokane Public Schools officials of events involving my child(ren) regarding health incidents, emergency situations, CPS referrals and police reports initiated by Holmes Head Start/CAPE staff or other events that may affect the safety of other children in the building or otherwise be of concern to Holmes/Spokane Public Schools staff.

This includes information sharing of my children's emergency contact and allergy information with Holmes Elementary / Spokane Public Schools for emergency purposes only.

Parent's signature _____ Date _____

Staff signature _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING