

Community Colleges of Spokane Spokane Head Start/ECEAP/EHS RELEASE OF INFORMATION—WOODRIDGE

FSC
Room No
Session: ☐ AM ☐ PM

Child's name				Date of birth
	LAST	FIRST	MIDDLE	
Parent's name (P	LEASE PRINT)			
Address				
Phone				
I hereby authorize	: :			
Woodridge	e Head Start/CAPE			
5100 W Sh	awnee Ave			
Spokane V	VA 99208			
incidents, emerge	ency situations, CPS reaffect the safety of other	eferrals and police reports	initiated by Woodridge	y child(ren) regarding health Head Start/CAPE staff or other ern to Woodridge's/Spokane
	rmation sharing of my Schools for emergenc		ntact and allergy informa	ation with Woodridge Elementary
Parent's si	gnature			Date
Staff signature				Date

VALID FOR ONE YEAR FROM DATE OF SIGNING

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