

# Authorization for Release of Information – Children’s Inclusion Support Services

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

I \_\_\_\_\_ authorize the release of the most recent assessment report  
(name of parent/guardian)

(as indicated below) completed on the above named child, to be sent to Children's Inclusion Support Services. This is for the purpose of planning for the inclusion of my child in a community child care program.

***If more than one service (identified services are bolded below) is able to provide assessment information, please photocopy or download a copy of this form from our website at [www.afchildrensservices.ca](http://www.afchildrensservices.ca)***

Please select the appropriate box(es).

### Children’s Hospital of Eastern Ontario (CHEO)

- |   |   |
|---|---|
| <input type="checkbox"/> Audiology Assessment                               | <input type="checkbox"/> Occupational Therapy Assessment        |
| <input type="checkbox"/> Blind/Low Vision Assessment                        | <input type="checkbox"/> Ophthalmology Assessment               |
| <input type="checkbox"/> First Words Speech-Language Pathologist Assessment | <input type="checkbox"/> Physiotherapy Assessment               |
| <input type="checkbox"/> Genetic Assessment                                 | <input type="checkbox"/> Psychological/Developmental Assessment |
| <input type="checkbox"/> Neurology Assessment                               | <input type="checkbox"/> Speech-Language Pathologist Assessment |
|   | <input type="checkbox"/> Wee Start Consultation Report          |

**Ottawa Carleton Headstart Association for Preschools (OCHAP) Speech & Language**

**Canadian National Institute for the Blind (CNIB)**

**Other, specify (name, complete address, phone number)**

\_\_\_\_\_  
\_\_\_\_\_

This form is valid for a period of ninety (90) days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child named above \_\_\_\_\_

Please return to: **Children's Inclusion Support Services**  
Attention: Ginette Bédard, Intake Coordinator  
700 Industrial Avenue, Suite 600 Ottawa, Ontario K1G 0Y9  
613-736-1913 ext. 231 613-736-8378 (fax)  
[Intake-ciss@afchildrensservices.ca](mailto:Intake-ciss@afchildrensservices.ca)