



A Partner in Your Child's Education

APPLICATION FOR ADMISSIONS

CONSENT FOR RELEASE OF INFORMATION

Child's Name: _____

Child's Date of Birth: _____

I, _____ (Parent/Guardian) hereby grant COTTONWOOD DAY SCHOOL to communicate with the following person or agency:

Primary Physician Name: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other: If you would like us to communicate with any other professional/person regarding your child's communication skills, i.e., physical therapist, occupational therapist, counselor, etc., please list below.

Name: _____

Purpose: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Purpose: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Purpose: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

COTTONWOOD DAY SCHOOL may discuss and release to the aforementioned person or agency information including but not limited to: evaluation reports, treatment plans, progress notes and therapy documentation, previous medical history, as well as necessary verbal communication pertaining to the child. This information will be used for diagnostic and treatment planning purposes only. It is my understanding that this information will not be shared with any other entity without my prior knowledge. I further acknowledge that the use of this information is to ensure the best quality of care possible for my child.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Non-discrimination Policy: COTTONWOOD DAY SCHOOL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

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