



Early Intervention referral to Help Me Grow



Authorization for Release and Use of Information

Child Name: _____ Male Female

Date of Birth: _____ Premature? Yes No Weeks Gestation _____

Parent(s) or Guardian(s) Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Concerns: _____

I authorize the mutual release of the above-named child's information between the two entities listed.

Help Me Grow
United Way of Utah County
148 North 100 West, Provo, UT 84603
Phone 801-691-5322 Fax 801-374-2591

I give permission for the release of items marked below from Help Me Grow to Kids On The Move

ongoing two-way communication
 Other: _____

Kids On the Move, Inc.
Baby Watch Early Intervention
475 West 260 North, Orem, UT 84057
Phone 801-221-9930 Fax 801-221-0649

I give permission for the release of items marked below from Kids On The Move to Help Me Grow

ongoing two-way communication
 referral and contact information
 Other: _____

By my signature below, I authorize the release and use of the information above.

Signature of the parent/legal guardian of child

Date