



Harmony Pediatric Therapy
5 Townsquare, Ste A Chatham, NJ 07928-2568
Phone: (973) 507-9730 Fax: (973) 507-9710
Email: info@harmonypediatrictherapy.com
Web: www.harmonypediatrictherapy.com

I, (parent/guardian name) _____ hereby grant the following permissions to Harmony Pediatric Therapy regarding release of information related to my child, (child's name) _____.

Parent signature: _____ Date: _____

Permission is granted to release information to the following:

(Please list applicable teachers, physicians, therapists, etc.)

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

I do not grant permission to release information to the following:

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

Address: _____ Phone #: _____

Name: _____ Title: _____

I do not grant permission for release of any information regarding my child.

Child's name: (please print) _____

Parent/guardian name: (please print) _____

Parent/guardian signature: _____