**MARY JOHNSON CHILDREN’S CENTER**

**81 Water Street**

**Middlebury, VT 05753**

 School Age Care Programs

 **EXCHANGE OF INFORMATION – 2014-15 Edition**

1. I give permission for the staff of                     School Age Care (name of program site)

program to share information on behalf of the best interests of my child

                     with the following:

 (child’s name)

[ ]  school staff ( teachers, administrator)

[ ]  school counselor

[ ]  other members of child’s team

This permission is in effect until one year from this date, unless changed before that time.

Signed:                      Date

 (parent/guardian)

AND---

1. I give permission for                 school staff (teachers, administrator)

               \_ (name of school)

[ ] school counselor

[ ]  other members of child’s team

to exchange information with the staff of           School Age Care program in the (name of program site)

best interests of my child                     .

 (child’s name)

This permission is in effect until one year from this date, unless changed before that time.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 (parent/guardian)