**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)