

## Permission to Share Information: Camp 2018

Please complete and return this form to Marian Kaslovsky at Parks & Recreation as soon as possible. We will forward the completed copy to your child's school and teacher for either a phone conversation or to make arrangements to visit the classroom. PLEASE PRINT THEN SIGN AT BOTTOM OF PAGE:

I, \_\_\_\_\_  
Parent/Guardian, Care Provider) hereby give my permission for

\_\_\_\_\_  
(Name of school & child's current lead teacher)

\_\_\_\_\_  
(School and teacher's phone number) School Social Worker

to release the information requested below regarding my child: \_\_\_\_\_  
Child's Name

In addition, I give permission for Chapel Hill Parks & Recreation to release specific information about my child to Parks & Recreation staff and interns, who will assist to develop, implement and guide the inclusion support for my child, under the supervision of the Therapeutic Recreation Specialist. All information will be used to plan appropriate strategies to better include my child in Parks & Recreation programming. Please provide any and all, most current:

Copy of IEP, 504 Plan and/or Behavior Plan

In-School Observation by Chapel Hill Parks & Recreation staff

Conversation and/or emails between school personnel and Parks & Rec staff

What is the diagnosis/difficulty that warrants inclusion support for your child in camp? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

If you share guardianship with an agency, etc., please explain and put agency/guardian contact information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Representative (print): \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_

Please return form to: Marian Kaslovsky [mkaslovsky@townofchapelhill.org](mailto:mkaslovsky@townofchapelhill.org) 919 968-2813