

Development is CHILD'S PLAY!
AN EVALUATION AND TREATMENT CLINIC FOR CHILDREN NEEDING EXTRA HELP

Teri Wiss, M.A., O.T.R./L.
Director

RELEASE OF INFORMATION

I hereby authorize the exchange of medical, educational, psychosocial, and developmental information regarding _____
(name of individual)

Date of Birth: _____

between: *Development is CHILD'S PLAY!*
10011 N. Foothill Blvd., Suite 109
Cupertino, CA 95014
(408) 865-1365

and: _____
(school, teacher, clinic, hospital, MD, therapist)

(address)

(city, zip code)

(phone number)

Signature: _____

Print Name: _____

Date: _____

Relationship to client: _____

Address: _____

Phone Number(s): _____