

Release of Information

Ready Set GO Therapy, Inc.

350 Gate Five Road
Sausalito, CA 94965
Phone: (415) 339-8800
Fax: (415) 963-4243
info@readyssetgotherapy.com



I hereby authorize the exchange of medical, psychosocial, educational, and developmental

information regarding _____
Print Child's Name

_____ Date of Birth

Between: Ready Set GO Therapy, Inc.
350 Gate Five Road
Sausalito, CA 94965
415-339-8800
info@readyssetgotherapy.com

And:
(Please list all applicable)

Name	Relationship	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This consent is valid and in effect for two years, unless written request to renew or withdraw this form is provided.

Authorized by:

Parent Name (print) _____

Signature _____

Date _____