

Release of Information



READY SET GO
THERAPY
350 Gate 5 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
_____ Name	_____ Relationship	_____ Contact Information
_____ Name	_____ Relationship	_____ Contact Information
_____ 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 _____