



Camp Yakety Yak  
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Email: [office@CampYaketyYak.org](mailto:office@CampYaketyYak.org)  
Website: [www.CampYaketyYak.org](http://www.CampYaketyYak.org)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize the exchange of information described below between Camp Yakety Yak and the following agency(s) and/or individual(s):

- ☐ School \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- ☐ Healthcare provider(s) \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- ☐ Agency(s) \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- ☐ Parent/ legal guardian \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- ☐ Other \_\_\_\_\_

This authorization applies to the following information: (check each line that applies)

Educational Data/IEP \_\_\_\_\_ Medical \_\_\_\_\_ Social/Developmental \_\_\_\_\_  
Psychological \_\_\_\_\_ Speech/Language \_\_\_\_\_ Other \_\_\_\_\_

**Expiration:** This authorization expires (date or event): \_\_\_\_\_

**Restrictions:** Providers who receive this information may not release it to someone else unless another authorization form is signed.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by informing Camp Yakety Yak in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate relationship to child: ☐ parent ☐ legal guardian: \_\_\_\_\_