



**AGENCY DISCLOSURE FORM**

This referral is a recommendation for the child and parent/legal guardian to participate in the Straight Talk Fire Safety Education Program held at the Hurley Medical Center.

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**AGENCY CONTACT INFORMATION**

**Agency Personnel:** \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

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**HOSPITAL CONTACT INFORMATION**

**Straight Talk Program Coordinator:** \_\_\_\_\_  
**Hospital Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

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**DISCLOSURE AUTHORIZATION**

I, \_\_\_\_\_ (Parent/Legal Guardian) hereby authorize said named Agency \_\_\_\_\_, its director or designee, to release information to the above named hospital and Straight Talk Program Coordinator regarding said named child \_\_\_\_\_. The intent and nature of this information will concern my child's attendance, progress, services received and recommendations for additional services when deemed necessary. The purpose of this disclosure is to allow the above named agencies and persons to exchange information.

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**Signature of Parent/Legal Guardian** **Date**

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**Signature of Agency Personnel** **Date**