



EARLY LEARNING  
RESOURCE CENTER

OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

# Rapid Response Team

Release Form (to be completed by parent or legal guardian)

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Child's name:

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Child's birthdate:

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Child's age:

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Parent/legal guardian name:

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Home address:

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Phone number:

Parent email:

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Name of child care provider:

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I, (Parent Name) \_\_\_\_\_, the parent or legal guardian of

(Child Name) \_\_\_\_\_ give permission to allow communication between

The Alliance for Infants and Toddlers

The Allegheny Intermediate Unit

Pittsburgh Public Schools Early Intervention Program

Other \_\_\_\_\_ during the child's time enrolled in the RRT program.

Signature:

Date:

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