

# Rapid Response Team

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

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Child's name: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_

Child's age: \_\_\_\_\_

Parent/legal guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Name of child care provider: \_\_\_\_\_

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

Infant Early Childhood Mental Health

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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