

***Development is CHILD'S PLAY!***  
AN EVALUATION AND TREATMENT CLINIC FOR CHILDREN NEEDING EXTRA HELP

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Director

**RELEASE OF INFORMATION**

I hereby authorize the exchange of medical, educational, psychosocial, and developmental information regarding \_\_\_\_\_  
(name of individual)

Date of Birth: \_\_\_\_\_

between: *Development is CHILD'S PLAY!*  
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(408) 865-1365

and: \_\_\_\_\_  
(school, teacher, clinic, hospital, MD, therapist)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city, zip code)

\_\_\_\_\_  
(phone number)

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

Print Name: \_\_\_\_\_

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

Relationship to client: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_