

**JONI'S CHILD CARE AND PRE-SCHOOL**

Date:

Re:

Dear Doctor's Office,

The State of Connecticut requires that licensed child care centers maintain accurate and updated medical records on all children within its care. Your patient, \_\_\_\_\_, does not have current records on file with our center. Please complete the attached form and mail or fax it to my attention at your earliest convenience as these records are necessary for your patient to continue attending Joni's Child Care and Pre-School. A parent's authorization has been provided below.

If you have any questions, please feel free to call me. Thank you for your assistance.

Sincerely,

Joni Schneider

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I give my permission for the release of medical record information regarding my child,  
\_\_\_\_\_ as required for attendance in a licensed child care center.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date