



**UnityPoint Health**  
Des Moines

**Child Development Center**  
**CONSENT TO VIEW CHILD'S FILE**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

I understand that by signing this form I am allowing the UnityPoint Health Child Development Center Director, Supervisor and/or applicable teaching staff to view medical/health and safety information concerning the above named. This information is for internal viewing only – It will not be shared with other organizations, agencies or programs without your written consent to release information.

Organization:

UnityPoint Health Child Development Center  
1200 Pleasant Street  
Des Moines, IA 50309

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Parent or Guardian Signature