



DEPARTMENT OF HUMAN ECOLOGY
HUMAN DEVELOPMENT & FAMILY STUDIES
CENTER FOR CHILD AND FAMILY STUDIES
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Early Childhood Laboratory (ECL) Parent Consent for Professional Collaboration

As parent or guardian of _____ (child's name), I hereby give my permission to Center for Child and Family Studies (CCFS) staff and to _____ (professional's name and title) to engage in discussion and collaboration about strategies to meet the developmental and educational needs of my above mentioned child. I understand that my child's name and other identifying information may be mentioned in these discussions and recorded in related notes. I also understand that background information concerning my child may be shared with the above named professional and that any and all information contained in observations, discussions, and notes may be shared among the above named professional and CCFS staff. All information will remain confidential and will not be shared with anyone other than CCFS staff and the above named professional.

Parent/guardian signature

Date

Relationship to child

Program Coordinator or ECL Director signature

Date