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