



NEW HANOVER COUNTY

Smart Start New Hanover County
3435 S. College Rd. Suite F
Wilmington, NC 28412 910.815.3731

Early Care & Education • Behavior and Inclusion Support
Parent/Guardian Consent Form

This form is a consent to exchange client information with a Smart Start Behavior and Inclusion Support consultant and other appropriate agency representatives as needed. Please complete all parts of the form regardless of authorizing or declining consent.

Child's Name: Click here to enter text. Date of Birth: Click or tap here to enter text.
Parent/Guardian Name(s): Click here to enter text.
Complete Address: Click here to enter text.
Email: Click here to enter text. Phone: Click here to enter text.
Program Name: Click here to enter text.

I hereby authorize representatives from the agencies listed or written in below to exchange specified information regarding my child named above with Smart Start of New Hanover County.

Check all that apply:

- Dept of Social Services of Click or tap here to enter text. County
New Hanover County Schools Children's Developmental Services Agency
Other Click or tap here to enter text.
I decline consent for exchange information between Smart Start and other agency representatives.

This consent form shall be valid for up to one year from today's date Click or tap here to enter text. unless otherwise specified.

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Parent/Guardian Signature: Date:

Program Administrator Signature: Date:

Please submit to your child's teacher.