

## 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:	Date of Birth:	
Parent/Guardian Name(s):		
Complete Address:		
Email:	Phone:	
Program Name:		
☐ I hereby authorize representatives information regarding my child named	•	
Check all that apply:		
☐ Dept of Social Services of	County	
☐ New Hanover County Schools	☐ Children's Developmental Servi	ces Agency
☐ Other		
$\ \square$ I decline consent for exchange info	ormation between Smart Start and oth	ner agency representatives.
This consent form shall be valid for up	to one year from today's date	unless otherwise specified.
The doctrine of informed consent has be need for the information, and that there information. I hereby acknowledge that further acknowledge that I may revoke consent has been taken.	e are statutes and regulations protecti It this consent is truly voluntary and is	ng the confidentiality of authorized valid until such request is fulfilled. I
Parent/Guardian Signature:		Date:
Program Administrator Signature:		_ Date:

Please submit to your child's teacher.