

SCREENING CONSENT & REFERRAL INFORMATION

I, _____, the parent/guardian of _____
(Print Parent Full Name) (Print Child's Full Name)

hereby authorize _____ to perform a developmental
(Print Child Care Facilities Name)

screening on my child at the above listed child care facility. I understand that I will be notified of the results, which are confidential with the exception of the entities below.

In addition, **my initials** below grant permission for the screening results to be shared with the following entities if necessary:

_____ Child Care Facility Director/Owner

_____ My Child's Teacher (for lesson planning purposes)

_____ The Early Learning Coalition of Marion County

_____ FDLRS* (Florida Diagnostic Learning and Resource System)

*NOTE: Results will only be shared with FDLRS if a referral is necessary based on screening results. No referrals will be given without prior parental notification and consent.

Parent/Guardian Signature

Date**

**Consent form expires 1 year from the date parent/guardian signed

ELCMC 8/2007