

## Consent To Obtain and Disclose Confidential Information, and To Videotape

San Francisco (SF) Inclusion Networks provides professional development that supports the inclusion of young children with special needs and their families in San Francisco's early care and education programs. A SF Inclusion Networks coach is working with the teachers at your child's early care program to help them teach and support all children in their rooms.

In order for us to assist the teachers, SF Inclusion Networks requests your written consent to receive and share information about your child with the teachers and with SF Inclusion Network team members.

We further request your consent to videotape your child, along with his or her classmates at the early care program, and provide the video to members of the SF Inclusion Networks team, such as occupational and speech therapists, for their review and counsel.

Child/Family Information:

Child Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By initialing below, I give permission to San Francisco Inclusion Networks staff to obtain information from and release information about my child to:

\_\_\_\_ Teachers at my child's early care program

\_\_\_\_ SF Inclusion Networks staff

\_\_\_\_ Other members of the SF Inclusion Networks team (Name) \_\_\_\_\_

This permission is valid for one year from the date of my signature.

I UNDERSTAND THAT:

\_\_\_\_ The information may be obtained by videotaping my child, along with his or her classmates in the program

\_\_\_\_ A photocopy of this form is as valid as the original.

\_\_\_\_ I may rescind this permission at any time by writing a note to my child's program's administrator.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I request a copy of this agreement (initial if requested)