

Parent Support Outreach Program ENROLLMENT FORM

CONSENT FOR ENROLLMENT

I, the parent of _____, do wish to participate in the Parent Support Outreach Program. I understand my involvement with the program is voluntary and I have the right to discontinue participation with the program at any time.

I do authorize _____ to give, receive and
(name of agency providing service)

exchange pertinent information regarding my child and/or family as provided by me to Otter Tail County Human Services and other agencies involved in the Parent Support Outreach Program, including Otter Tail County Public Health, Early Childhood Family Education, Head Start, Early Childhood Special Education or the School-based Mental Health Family Outreach Program, during the duration of this program.

I do understand that information to be exchanged in the operation of the Family Support Outreach Program will be treated as private data governed by the Government Practices Act, and that no other use of this information, other than stated above, will be made without further consent.

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Home Visitor/Agency Staff