



**AUTHORIZATION AND CONSENT FORM**

By signing this form, I voluntarily grant consent to use my individual information and information about all participants listed on this form in aggregate reports, along with information from other families, to assist with the operation and assessment of First Steps and Office of Early Childhood Education programs. I authorize the professional staff members of First Steps and the Office of Early Childhood Education and their agents to use information for the purpose stated above. I understand that I can revoke this consent at any time, except to the extent that action already has been taken.

You will be asked for individual information about your child and your family such as age, race, sex and birthdates. The type of individual information that may be collected includes: types and amounts of services, dates of program participation, reason for ending services, demographic, assessment data and descriptive information about your family. This information will be used in reports to better meet the needs of children in South Carolina, to show how our programs work, to identify any needs not being met, and to help staff with the administration of the program.

Individual information will be securely maintained and will be considered confidential. Only authorized staff will have access to this information. Furthermore, individual names and/or identities will never appear in any report for public distribution. Information will be presented only as part of statistics (aggregate data) about groups of persons.

**Child Information: Please print all information below.**

\_\_\_\_\_  
Name of Child                      Gender                      Race                      Child's Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian                      Relationship to Child                      Child's Social Security Number

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

(optional) Medicaid Number \_\_\_\_\_

Office Use Only:  
Child Program  
Entry Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Child Program  
Exit Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Adult Participant Information: Please print all information below.**

\_\_\_\_\_  
Name of Adult Participant                      Gender                      Race                      Adult Participant's Date of Birth

\_\_\_\_\_  
Relationship to Child    Adult Participant's Social Security Number

\_\_\_\_\_  
Date    Signature of Adult Participant

Office Use Only:  
Adult Program  
Entry Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Adult Program  
Exit Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**If Applicable Answer:** Name of Teacher \_\_\_\_\_  
Name of School \_\_\_\_\_ Name of School District \_\_\_\_\_

(optional) Medicaid Number \_\_\_\_\_

**Additional Child Information: Please print all information below.**

\_\_\_\_\_  
Name of Child                      Gender                      Race                      Child's Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian                      Relationship to Child                      Child's Social Security Number

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

(optional) Medicaid Number \_\_\_\_\_

<b>Office Use Only:</b> Child Program Entry Date  ____/____/____  Child Program Exit Date  ____/____/____
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**Additional Child Information: Please print all information below.**

\_\_\_\_\_  
Name of Child                      Gender                      Race                      Child's Date of Birth

\_\_\_\_\_  
Name of Parent/Guardian                      Relationship to Child                      Child's Social Security Number

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

(optional) Medicaid Number \_\_\_\_\_

<b>Office Use Only:</b> Child Program Entry Date  ____/____/____  Child Program Exit Date  ____/____/____
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**Additional Adult Participant Information: Please print all information below.**

\_\_\_\_\_  
Name of Adult Participant                      Gender                      Race                      Adult Participant's Date of Birth

\_\_\_\_\_  
Relationship to Child    Adult Participant's Social Security Number

\_\_\_\_\_  
Date    Signature of Adult Participant

(optional) Medicaid Number \_\_\_\_\_

<b>Office Use Only:</b> Adult Program Entry Date  ____/____/____  Adult Program Exit Date  ____/____/____
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<b>If Applicable Answer:</b> Name of Teacher _____  Name of School _____ Name of School District _____
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