



Consent to Participate in the Statewide Evaluation of First 5 Santa Barbara/First 5 California and Authorization to Share Confidential Information

I am the parent/guardian of (List each child): 1. _____ 2. _____
First Middle Last First Middle Last
3. _____ 4. _____ 5. _____
First Middle Last First Middle Last First Middle Last

BACKGROUND

First 5 Santa Barbara County Children and Families Commission works in partnership with individuals and organizations throughout the county, to support the health, early learning and well-being of children pre-natal through age 5 and their families.

I understand that I will be providing personal information regarding my child/children and family so that staff can use my information to provide better services to my child/children and family while in the program. This information will help First 5 learn how programs can help children be ready to learn and do well in school. First 5 Santa Barbara County staff/evaluators, First 5 California evaluation staff and other contracted agencies (contracted agencies for the purpose of this consent are programs that provide services on behalf of First 5) will use my information to learn what activities and programs are most useful for children and families.

COLLECTION OF DATA

I understand that **NAME OF AGENCY** will ask me questions about my child/children and family during the time I receive services in the program such as: name, birth date, birth place, gender, current address, ethnicity (race/ethnic group), language spoken and collect other information on screenings and ongoing assessments about my child/children and family and record the program activities that my child/children and family participate in.

Only certain **NAME OF AGENCY** staff, First 5 Santa Barbara County staff, evaluation staff and other contracted agencies will be able to see my child/children and family's personal information (such as names, address, phone number, place of birth, screening and assessments results). The information shared with First 5 California for evaluation purposes will not have identifying information (such as names, address, and phone number).

Program staff is required by law to report incidents of suspected child abuse and neglect.

CONFIDENTIALITY & PRIVACY

I understand that the information I share is confidential. Identifying information will be kept private and will not be shared beyond First 5 Santa Barbara County and its authorized providers, evaluators and contracted agencies and will only be shared to the extent necessary for the provision of services or for evaluation purposes. State and Federal laws protect the personal and health information I share.

My approval to use my child/children and family information will end ten (10) years from the date of this form.

I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by notifying **NAME OF AGENCY** staff or by contacting First 5 Santa Barbara County directly: 5385 Hollister Avenue, Bldg. 10 Suite 110 Goleta, CA 93111 (805)-884-8085

This consent and authorization is voluntary; I can choose not to sign it and I still will receive services from **NAME OF AGENCY**. In addition I may review or obtain a copy of the information that I am being asked to allow the use or disclosure of. I also have the right to receive a copy of this consent and authorization form.

I consent to provide personal information as outlined above regarding my child/children and family and I agree to participate in the Local County and statewide evaluation, and authorize the sharing of this confidential information to the extent necessary for the provision of services or for evaluation purposes. This information will help First 5 learn how programs can help children be ready to learn and do well in school.

Print Name of parent/guardian(s)

1. _____
First Middle Last Parent/Guardian Signature Relationship to child
2. _____
First Middle Last Parent/Guardian Signature Relationship to child