

FAMILY OUTREACH PROGRAM (F.O.P.)  
Plainfield Center for Stronger Families  
Plainfield Public Schools

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**PERMISSION TO RELEASE RECORDS/CONSENT**

**IDENTIFYING INFORMATION**

**Child Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

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I, \_\_\_\_\_, do hereby give my permission/consent  
Parent/Guardian Name – in print

to \_\_\_\_\_ program to release my child's complete  
Name of Agency Involved with Family

record to: \_\_\_\_\_ Childcare Center, to the attention of  
Name of Childcare Center

Family Worker, \_\_\_\_\_ .

**Please mail records:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please check box if family reports no other agency involvement at this time.  
 Please check box if family refuses consent at this time.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Worker as Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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