

PRENATAL PERMISSION TO SHARE INFORMATION

At various times throughout the school year we may need to share information about your child or family. We want to ensure that parents are fully informed when they authorize SHS to share information, and we want you to know that we maintain all family information in a confidential and secure manner.

Please initial your permission below for: _____

Who To Share Information With

Parent(s): _____

NFP/CalSafe/TAPP/CareNet (Please circle all that apply) _____

Husband/Significant Other _____

Other: _____

Information That May Be Shared (Please Initial):

Health _____

Education _____

Behavior _____

Transportation _____

Occasionally SHS may use photos of your child in the following communications.

Please initial your permission below:

SHS Website & SHS Facebook _____ Yes _____ No

SHS Family Child Care SharePoint Provider Portal _____ Yes _____ No

SHS Newsletter, which is posted on the SHS Website _____ Yes _____ No

Community Live News or Newspaper _____ Yes _____ No

Occasionally SHS may use texting as a form of communication.

Please initial your permission below:

Primary Adult _____ Yes _____ No

Secondary Adult (if applicable) _____ Yes _____ No

I certify that I am the natural parent or legal guardian of this child.

Parent Signature: _____ Date: _____