

Tri-County Head Start/Early Head Start
Permission to Share Information with Family Members

I, _____, give Tri-County Head Start/Early Head Start permission to discuss any matters pertaining to myself or my child in the presence of the following family members.

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Parent/Guardian Signature

Date

Witness

Date