

Consent and Authorization Form and Privacy Statement

County _____

Name of Child (please print) _____

Name of Person Granting Consent (please print) _____

Relationship to Child (please indicate custodial or noncustodial parent, grandparent, or other relative or legal guardian) _____

Your child's school works with South Carolina First Steps to improve school readiness for the children of our state. We ask you to assist us in this effort by giving consent for your child's school to release information about your child, yourself, and other family members to First Steps and the County First Steps Partnership. The information will be included in reports to better meet the needs of children in South Carolina, to show how First Steps programs work, to identify any needs not being met, to help staff administer the program, and for purposes of program evaluation in compliance with the Family Educational Rights and Privacy Act (FERPA).

The information to be released includes: names; ages; races; genders; birthdates; Social Security and Medicaid numbers (**you may refuse to provide Social Security and Medicaid numbers under the Federal Privacy Act**); the types and amounts of services received by your child and family; the dates of program participation; reasons for ending services; demographic or other descriptive information about your family; results from being in the program, to include individual student data collected by the school and school district; and information about your child's academic progress. This information is considered strictly confidential. In order to protect the privacy of this information, it will be kept in a locked file and password-protected, restricted access data system and will only be available to authorized staff and agents of First Steps. **Furthermore, your child's and family members' names and/or identities will never appear in any public report.** Your information will be presented only as part of statistical reports about groups of people.

By signing this form, you give consent for _____ school and/or school district to release the information described above to South Carolina First Steps and the County First Steps Partnership for the purposes described. If you do not consent to the release of certain information, please state the information here: _____. You can revoke this consent at any time, except to the extent that action already has been taken.

I understand and voluntarily consent to the release of the information as stated above:

Date _____

Signature of Person Granting Consent _____

Media Consent and Release

SC First Steps to School Readiness

1300 Sumter Street, Suite 100, Columbia, SC 29201

Phone (803) 734-0479, Fax (803) 734-1431

Child's Name _____

Phone (_____) _____ - _____

To be signed by the subject or the subject's parent or guardian (if a child under the age of 18):

I hereby give permission to South Carolina First Steps to School Readiness, to include all First Steps county partnerships (First Steps), and to news media entities covering any First Steps-funded program to prepare, use, reproduce, publish, or exhibit my or my child _____'s name, picture, portrait, likeness, or voice or any or all of them for use by First Steps or the news media in their public relations and news programs. Any photograph, photo transparency, drawing or other illustrative graphic material, audio-visual tape or audio-visual illustration, news report, story or article may be used without my prior examination of the finished product.

I further grant to First Steps perpetual right in and to any use of such photographs, whether through its own facilities or those of other agencies or organizations to whom it subsequently grants use. However, First Steps will grant permission only where it considers any intended use to be in good taste and appropriate to the objectives of First Steps. I also agree that First Steps shall not be required to include any credit identifying any person(s) in the use of the photographs.

I do hereby release on behalf of myself/my child(ren), and our heirs, representatives, agents, and assigns, First Steps, its successors and assigns, agents, employees, officers, and officials from any and all claims existing now or that may arise at any time in the future, whether now contemplated or not, for damage for libel, slander, invasion of the right of privacy, or any and all other claims based upon any herein described use of these photographs.

Date _____

Signature of Person Granting Consent _____