

Biographical Data Sheet Consent Form

Information on Class Participant

Name _____

Address _____

DOB _____ Sex _____ Telephone _____

Medicaid # _____

Social Security # _____

Expected date of delivery (if pregnant) _____

Information on Children

Youngest Child DOB _____

Child's name _____

Ages of other children _____

Relationship of Class Participant to Child _____

(e.g., mother, father, grandparent, aunt, uncle, foster parent)

By signing this form, I give authorization for these educational services. I release the provider from all liability resulting from the provision of these services. I further authorize the release of records for inspection and audit by authorized representative of the Comptroller General of the United States, the Secretary of Health and Human Services, the Officer of the Inspector General, Medicaid, and appropriate agencies of the State of Alabama.

Signature of Recipient _____ Date _____

Note to Instructor: This record is to be completed once per module and kept with the class attendance record.

