



CONTRACT #: _____

Minor Parent Client Consent Form

Consent to Release Information About Teenaged Child

in the Evaluation of the First 5 Fresno County Commission's Programs

The First 5 Fresno County Commission supports many programs to help improve the health and development of young children in Fresno County. To provide better services, the First 5 Fresno County Commission is studying its programs. This form asks your consent to include information in the study about your teenaged child receiving First 5 services. Your participation is voluntary. If you do not want this information to be in the study, your teenaged child will still be eligible for services.

Procedures

- First 5 Fresno County service providers will ask your teenaged child some questions about himself/herself and his/her child(ren). This may include questions about behaviors and experiences with health and social services. Your teenaged child can refuse to answer any of the questions.
- First 5 Fresno County service providers will give the evaluators information about your teenaged child related to the number and types of services he or she receive.
- Your teenaged child may be asked to be in a survey of First 5 Fresno County clients. The evaluators hired by First 5 Fresno County to conduct the survey will be studying how to improve the programs. The survey will have questions about the services your teenaged child and his/her child(ren) received and their benefits. Your teenaged child will be contacted up to three times over a two-year period. Answering the survey questions will take about 30 minutes. If your teenaged child is asked to be in the survey, he/she can say no. He/she can also refuse to answer any of the questions in the survey.
- At any time your teenaged child can request to stop being in the study.

Benefits

- Information about your teenage child may help to improve First 5 Fresno County Commission's services for children and families.

Risks of Harm

- A scientific review board has determined that there are no significant risks or harm for being in this study. The First 5 Fresno County service providers and the evaluators have signed a strict confidentiality agreement to keep your information private. The information will be stored on secure, remote computers. The only time we would share your information is if we believe you or your child(ren) were in danger of being hurt, you were a danger to someone else, or a court orders it. Identifying information specifically about you and your child (ren) will never be used in reports.

Questions

- If you have questions about this form or this study, please contact Lilith Assadourian of First 5 Fresno County at (559)241-6515 or Erika Takada at Harder and Company (415) 522-5400.

My signature below indicates that I am the person who has authority to release information about my teenaged child. I agree that information about my teenaged child will be included in the above study.

I am the ___ Parent

___ Child's Guardian

___ Person with Legal Custody

___ Person receiving services but not child's guardian (a 2nd consent must also be signed by child's guardian)

Signature: _____

Date: ____--____--_____

(month / day / year, for example, 01-20-2010)

Printed Name: _____

FOR OFFICE USE ONLY

Consent Form Type (CHECK ONE): Original (Service Provider) Parent Guardian Copy First 5 Fresno Copy