



CONSENT FORM

Child's Name _____ Age _____ Sex _____

Parent/Legal Guardian _____ Phone # _____

Address _____

I request that _____ participate in A Keiki's Dream Program.

I understand that this consent gives the staff of A Keiki's Dream Program permission to obtain information concerning the above-named child from other service providers, and to ensure that the Program is as responsive as possible to the needs of the child. The information will be used solely to provide the child with the most appropriate "Dream" possible. Other service providers are indicated below:

This consent is good for the duration of my family's affiliation with A Keiki's Dream Program or until otherwise revoked.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Witness _____ Date _____