



Warmline Services Permission Form

The first five years of your child’s life are a time of amazing growth! In our effort to ensure that each child is progressing well during this period, the Early Learning Coalition of the Big Bend Region (ELC) provides FREE developmental, health and/or behavioral screening for children birth to five years old. By signing the consent form below, you permit skilled ELC staff and/or your child’s teacher to provide these services. In addition, this form provides consent to release screening information and results to your child’s provider, the Florida Diagnostic and Learning Resources System (FDLERS), Early Steps, Help Me Grow, and any other diagnostic agency as necessary.

Child Care Provider: _____

Child’s Name: _____

Child’s Date of Birth: _____ Weeks Premature (if any): _____

Parent/Guardian Name: _____

Email: _____

Phone Number: _____ Alt. Phone Number: _____

By checking this box, you give permission for the above child to take part in Warmline services.

Parent/Guardian Signature Printed Name of Parent/Guardian Date

Area(s) of concern (check all that apply):

- Speech Social Skills Emotions Eating/Feeding
- Behavior Hearing Fine Motor Skills Gross Motor Skills
- Learning/Cognition Language Vision Other: _____

List any community services your child or family has received (previously or currently):

All completed forms need to be email to **ccrr@elcbigbend.org**. The ELC of the Big Bend thanks you for your time! A member of the ELC’s Early Care and Education team will contact you soon. Please call our toll-free number at 1-866-973-9030 if you have any questions.