

Warm-Line Services Permission Form

Dear Parents/Guardians:

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:		WEI	WEEKS PREMATURE:	
PARENT/GUARDIAN NAME:		EM.	EMAIL ADDRESS:	
PHONE #:		PHO	PHONE #:	
□ I do <u>not</u> give my po	ermission for my child	take part in Warm-Line sold to take part in Warm-Li		
Complete the rest of this				
Area(s) of concern: (chec □ Speech □ Behavior □ Learning/Cognition	ck all that apply) Social skills Hearing Language	□ Emotions □ Fine motor skills □ Vision	□ Gross motor skills □ Other	
List any community serv			iously or currently).	

All completed forms need to be faxed to 850.922.0075. The ELC thanks you for your time! A member of the ELC's Early Care and Education team will contact you soon. Please email ccrr@elcbigbend.org or call 866.973.9030 if you have further questions.

Warm-Line (rev 2-01-2018)