

# PARENTAL CONSENT TO RELEASE INFORMATION

## PLEASE PRINT

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)  
First Middle Last  
Child's Social Security Number \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month/day/year)  
First Middle Last  
Last Four (4) Digits of Parent's Social Security Number \_\_\_\_\_ (optional)  
Address \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip Code Home Work

Your child is being asked to participate in a study about Out-of-School Time (OST) services in Cuyahoga County. They have been selected to participate because you and/or your child's Out-of-School Time provider will receive assistance from a local community agency in order to provide your child with better services. Please read this form and ask any questions that you may have before agreeing to allow your child to participate in the research project below.

**Background Information and Procedures:** The Cuyahoga County Out-of-School Time System and Starting Point for Child Care and Early Education are collaborating with Family and Children First Council (FCFC) to conduct an evaluation of the Out-of-School Time services in Cuyahoga County. Cuyahoga County Out-of-School System is a collaborative effort to promote and improve effective parenting, healthy youth, and quality Out-of-School Time services in order to assure the well being of all youth in Cuyahoga County. Starting Point is an organization that coordinates the Out-of-School Time strategy in Cuyahoga County. The purpose of this study is to learn about the effectiveness of the training and technical assistance provided to Cuyahoga County Out-of-School Time providers, and the impact of the provision of Out-of-School Time activities to youth and families.

By participating in the research, your child's progress will be monitored and assessed, and your child may be asked to complete a personal assessment and profile. If you agree to allow your child to participate in this research project, their contact information (written above) and information related to the assistance provided by the agency will be released from Starting Point to FCFC. Starting Point will continue to release this information for six months after the initiation of services or for as long as the agency provides assistance to you and/or your Out-of-School Time provider (whichever is longer). You may also choose to participate in another aspect of the study in which you will be contacted and asked about your experiences and opinions related to Out-of-School Time services.

**Risks and Benefits of Being in the Study:** There are no known risks to participate in this study and although there are no benefits to your child, their participation may have a positive effect on the services available to families and Out-of-School Time providers in Cuyahoga County.

**Confidentiality and Voluntary Nature of Study:** The records of this research will be kept private. It will not be possible to identify an individual participant in any report that might be published. Your child's participation is completely voluntary and their refusal to participate will not affect the services you, your child, or your Out-of-School Time provider receives from an agency. You may choose to end your child's participation at any time by requesting a Revocation Form from the agency that requested your consent.

**Contacts:** If you have any questions about this study, you can contact Starting Point's Out-of-School Time Department at 216-575-0061.

**Please Circle YES or NO and Initial:**

YES \_\_\_\_\_ NO \_\_\_\_\_ I agree to have information related to the assistance my child receives from the agency/ agencies, as described in this consent form, released to FCFC by Starting Point.

YES \_\_\_\_\_ NO \_\_\_\_\_ I agree to be contacted to participate in a related study (e.g. survey, focus groups, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_ Check and initial here if you are granting Starting Point, FCFC and the Cleveland Public Library permission to use your child's image, name, photograph, video, likeness, voice and statements in connection with marketing, publicity, advertising, promotion and publication purposes in any type of media including, without limitation, print, videotape, CD/DVD, promotional materials, radio, television and Internet.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Community Agency Staff:** I have reviewed the contents of this form with the person signing above.

Signature of Agency Staff/Representative \_\_\_\_\_ Date \_\_\_\_\_

Agency Name \_\_\_\_\_ (A copy of this signed consent is as valid as the original)

Original – Starting Point  
Yellow Copy – Agency  
Pink Copy – Parent/Guardian

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4600 EUCLID AVENUE – SUITE 500  
CLEVELAND, OHIO 44103  
[www.starting-point.org](http://www.starting-point.org)

216 575 0061 · FAX: 216 575 0102 · 1 800 880 0971 · TTY: 1 800 750 0750

