



Parent/Legal Guardian Consent to Screen, Obtain, and Release Information

Metro United Way

Your Participation in the Ages & Stages Questionnaires® (ASQ) Means:

- Ages & Stages Questionnaires® (ASQ™) screenings will be completed on your child's overall developmental skills. These screens will identify your child's strengths as well as any areas where your child may need practice or support.

Giving Permission Means:

- You agree to participate in the ASQ™ developmental screenings.
Metro United Way's Developmental Screening Hub will contact you for future screenings. You can opt out of these future screenings at any time.
Your child's ASQ™ results will not be released to other persons, programs, or schools without your permission.
You always have access to all information collected by Metro United Way's Developmental Screening Hub about your child.
You agree to ongoing communication and screenings through Metro United Way's Developmental Screening Hub.

How ASQ Information Is Shared:

Your child's ASQ™ results through Metro United Way's Developmental Screening Hub are shared only with you and the provider(s) you indicate below. By selecting an agency, you are agreeing to allow Metro United Way to provide information on your child's ASQ results and referrals to the agency listed below.

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, give my permission to obtain and release necessary information to/from other agencies/individuals listed below to assist in receiving appropriate services for \_\_\_\_\_, birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_.

CHECK ALL THAT APPLY

Obtain Release
[ ] [ ] Metro United Way's Developmental Screening Hub
[ ] [ ] Play Cousins Collective:
[ ] [ ] First Steps:
[ ] [ ] Child Care Provider:
[ ] [ ] Local Head Start:
[ ] [ ] Local School District:
[ ] [ ] Health Care Provider:
Healthcare practice name: (ex. ABC Pediatrics):
Healthcare provider's name: (ex. Dr. Smith):
Address: Phone Number:
[ ] Other: Phone Number:
Name of provider(s) and/or individual(s) (ex. Grandparent, Aunt etc.)



Parent/Guardian Signature Date

Print Parent/Guardian Name Phone

This consent is valid until child reaches age six or until notified by parent/guardian.

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