

**PARENTAL CONSENT
FOR SCHOOL AGED CHILDREN IN SUBSTITUTE CARE**

I, _____ of _____,
(Name of Parent or Legal Guardian) (Street Address) (City, State & Zip Code)
am the parent/legal guardian of the following school aged child(ren):

<i>Name</i>	<i>Date of Birth</i>
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the school of each above-listed child to provide the Dane County Department of Human Services and the current Foster Parent for each child, access to any and all information needed to support my child(ren)'s education and progress in school, including, but not limited to: notices of meetings, individual educational plans (IEP), progress reports, grades, class assignments, disciplinary problems, reports of unexcused absences and access to electronic student records. I further authorize the foster parent for each of my children to attend school meetings, to appoint agents to provide safe delivery and pick-up of my child(ren) to and from school and to act as my child's parent in my absence.

This authorization includes the following *(check all that apply)*:

- Authorization for my child(ren) to participate in a school athletic program.
- Authorization for my child(ren) to participate in any in-state school sponsored field trip.
- Authorization to attend any school sponsored assembly or other program.
- Authorization to approve course selections.
- Authorization for the provision of special education services.

I will continue to receive the following current information regarding my child(ren)'s school progress *(check all that apply)*:

- Individual educational plans.
- Progress reports and report cards.
- Notices of all IEP meetings.
- Notice of any suspension, expulsion, truancy or other disciplinary meetings or hearings.
- Notices of all parent-teacher conferences.

I will continue to have the right, unless limited by court order, to review and authorize the release of my child(ren)'s school records as may be appropriate. If the school fails to provide me access to the above-listed information, my current assigned social worker will advocate for me or will obtain such information or records on my behalf.

I understand that I may revoke this consent in writing at any time. I will hold all persons harmless who act in reliance on this consent. A copy shall be considered as valid as the original.

Parent's/Legal Guardian's Signature

Date

Witnessed: _____

School: _____