



Consent Form

Child's Name: _____

Date of Birth: _____

I hereby give consent to my Educational Consultant, Debbie Sharp, from Who's Learning Now, LLC, to have access to all records, both school and medical, pertaining to my child,

_____.

I give consent to her to discuss my child's educational and medical concerns with appropriate personnel, and to have access to personally identifiable records which pertain to my child, in accordance with the Family Educational Rights and Privacy Act (FERPA).

In addition, I give consent to be assisted by this Educational Consultant, in any activities, including visiting programs, which she may feel are necessary in order for her to carry out her role and responsibilities.

All prior authorizations are hereby cancelled and I waive any privilege I have to my Educational Consultant. The foregoing authority shall continue in force until revoked by me in writing.

A photocopy of this form may be accepted in place of the original.

Date: _____

Parent/Guardian Printed Name

Parent/Guardian Signature