

# CONSENT TO SHARE INFORMATION



I, \_\_\_\_\_  
(Print name of person consenting)

grant \_\_\_\_\_  
(Print name of individual/organization)

to share my contact information with Child Core Family Support.

I understand Child Core Family Support will reach out to me via the information I have provided here. I understand that Child Core Family Support is a separate entity from the above, designed to be an extra layer of support and is not in lieu of medical care plan. I also understand my current relationship with the above is not dependent on or in any way associated with my engagement with Child Core Family Support. Child Core Family Support will not share your information with any third party and will use secure channels to save information.

Best Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

Preferred time of day for communication: \_\_\_\_\_

I have read and understand the assignment and release conditions described above. All of my questions concerning this from have been answered to my satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For additional questions, or to submit referral, please email:  
[hello@childcorefamilysupport.com](mailto:hello@childcorefamilysupport.com)



[hello@childcorefamilysupport.com](mailto:hello@childcorefamilysupport.com)



[www.childcorefamilysupport.com](http://www.childcorefamilysupport.com)



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