

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**PARENTAL CONSENT FORM**

This form is for use by parents, service providers and child care Programs when a child in a child care setting is in receipt of individual services at the child care setting, but those services are not provided by an employee or volunteer of the child care program. The original of this signed form must be kept by the child care program to demonstrate proper consent for provision of such services at the child care program.

**Part A: Service Provider's Understanding**

I, (service provider) \_\_\_\_\_, acknowledge and understand that I will be responsible for the care and safety of (name of child) \_\_\_\_\_

while I am providing such child services required pursuant to the federal Individuals with Disabilities Education Improvement Act (IDEA) Part B, IDEA Part C, or Section 504 of the federal Rehabilitation Act of 1973, Article 89 of the New York Education Law.

Service Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part B: Parent's Permission**

Consent for unsupervised provision of services by persons providing services to children in a child day care setting when such services are pursuant to the federal Individuals with [Disabilities Education Improvement Act \(IDEA\) Part B](#), [IDEA Part C](#), [Section 504 of the federal Rehabilitation Act of 1973](#), or [Article 89 of the New York Education Law](#).

I, (parent/guardian) \_\_\_\_\_, hereby give my consent for the provision of services when such services are pursuant to the federal Individuals with Disabilities Education Improvement Act (IDEA) Part B, IDEA Part C, or Section 504 of the federal Rehabilitation Act of 1973, Article 89 of the New York

Education Law to (name of child) \_\_\_\_\_

These services will be provided by (name of provider) \_\_\_\_\_

I understand that the service provider named above may be alone with my child and I consent to the provision of services for my child while neither my child nor the service provider is under direct supervision of a child care staff member.

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part C: Child Care Program's Signature**

I acknowledge the receipt of this consent and will maintain the original of this form in compliance with the requirements of the New York State Office of Children and Family Services.

Operator/Director's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_