

Confidentiality Contract

_____ I understand that First Lutheran Early Education Center strives to maintain confidentiality at the center. I will not discuss other children with the classroom staff.

_____ I acknowledge that my child's whole individual record {including but not limited to enrollment forms, assessment tools,etc} may be accessed by:

- Myself {child's parent or legal guardian}
- All administrative staff
- All teaching staff

_____ I acknowledge that my child's individual enrollment records will be available for access by:

- Myself {child's parents or legal guardian}
- All administrative staff
- All teaching staff
- All licensing authorities

_____ I understand it is important for all administrative staff and teaching staff to access files for the Authorization to Release form, Authorization for Emergency Medical Care Form, Child Health Assessment Form and other pertinent forms.

_____ I understand that First Lutheran Early Education Center will keep my child's individual records confidential by only allowing those stated above access to his/her file. Records will be kept in the director's office.

Written consent will be needed from the family before any information about a child will be shared with other relevant providers, agencies, or programs.

Parent/Guardian signature

Date

Print Parent/Guardian Name

Date

First Lutheran EEC staff signature

Date