



Consent for ARISE Child and Family Early Recognition Screening

Please Print Information

Parent/Guardian Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Email Address: _____ School Name: _____
Child's age: _____ Date: _____

I, _____, give permission for my child, _____ to participate in the Early Recognition Screening. I have completed the Pediatric Symptoms Checklist form for my child, which will be scored by the Early Recognition Screening Specialist with the ARISE Child & Family Service. I understand that I will be notified with the results by letter or phone.

Parent/Guardian Signature: _____ Date: _____

Questions? Please call the Early Recognition Screener at ARISE at (315) 671-3090

Have you heard of ARISE's Early Recognition Screening Program? YES

NO

If yes, where have you heard of ARISE's Early Recognition Screening Program?

Radio

Television

Movie Theater

Billboard

Other