

## PARENTAL CONSENT TO INTERVIEW A CHILD AT SCHOOL

**This consent form shall only be used for interviews not included in K.S.A. 38-2226(g).**

|  |   |                              |                                 |
|--|---|------------------------------|---------------------------------|
| Date:  |   | Event #:                     |                                 |
| I (print name) _____ give the Kansas<br>Department for Children and Families consent to interview the following child(ren) at school:  |   |                              |                                 |
| <b>Names of child(ren):</b>  |   | <b>School:</b>               |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
|  |   |                              |                                 |
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> <div style="width: 45%; text-align: center;">_____</div> <div style="width: 20%; text-align: center;">_____</div> <div style="width: 35%; text-align: center;">_____</div> </div> <p style="text-align: center; font-weight: bold; margin: 0;">Parent/Caregiver Signature                      Date                      Time</p> <p style="margin-top: 10px;">This consent is valid for 30 days from the date of signature or event closure, whichever occurs first,<br/>         unless otherwise specified by the parent/caregiver below:<br/>         _____</p> |   |                              |                                 |
| Requested by:  |   |                              |                                 |
| DCF Staff:   |   |                              |                                 |
| DCF Office:  |   |                              |                                 |
| Phone #:   |   |                              |                                 |
| Distribution:  | <input type="checkbox"/> Parent/Caregiver | <input type="checkbox"/> DCF | <input type="checkbox"/> School |

