



Robert E. Simon, Jr.
Children's Center

Specialist Consent Form

I, _____ (Parent or Guardian), give permission for the following person(s) to visit and work with my child, _____, at the Robert E. Simon, Jr. Children's Center.

Designated Specialist: _____

Organization: _____

Designated Specialist: _____

Organization: _____

Designated Specialist: _____

Organization: _____

Parent or Guardian's Signature

Date