Sign-In Sheet for Meeting Participant

**PARENT/GUARDIAN PERMISSION**

I/we give the Division of Family Services permission for the following individuals to be present at this Team Decision Making meeting (including community providers involved with my/our family, friends, relatives or other individuals that I/we have requested to be present.

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Print Name of Parent/Guardian Print Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

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Print Name of Parent/Guardian Print Name of Parent/Guardian

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Signature of Parent/Guardian Date Signature of Parent/Guardian Date

**PRIVACY STATEMENT FOR ADDITIONAL SUPPORTS**

As a participant in this Team Decision Making meeting, I understand that I may share and exchange pertinent information with the agencies, professionals, and others explicitly listed below. I understand that the information shared in this meeting is used to safety plan, to coordinate service delivery and may be used in any court proceeding involving the child(ren) who is (are) the subject of the meeting. I agree to be respectful of the information shared in this meeting.

**NAMES AND SIGNATURES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name** | **Signature** | **Address** | **Phone Number** | **Relationship to Family** |
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