

Parental Consent for Social Service Agency Involvement

Date: _____

To Whom It May Concern,

I, _____ (Parent/Guardian's Name), am the parent/legal guardian of _____ (Child's Name), born on _____ (Date of Birth). I am writing to provide my consent for my child to participate in services provided by _____ (Social Service Agency Name).

I understand that the services may include (briefly describe services), and I am aware of the nature and purpose of these services. I authorize the staff of _____ (Social Service Agency Name) to communicate and collaborate with relevant parties, as necessary, to support my child's needs.

This consent is granted from the date of this letter until _____ (specific end date or condition for end of consent), unless revoked in writing prior to that date.

Thank you for your attention to this matter.

Signature: _____

Print Name: _____

Relationship to Child: _____

Contact Information: _____