State of Connecticut Department of Children and Families CONSIDERED REMOVAL SIGN IN SHEET FOR MEETING PARTICIPANTS

PARENT/GUARDIAN PERMISSION

I/we give DCF of Children and Families permission for the following individuals to be present at this Considered Removal Child and Family Team Meeting (including community providers involved with my/our family, friends, relatives and other individuals that I/we have requested to be present).					
Signature of Parent/Guardian		Signature of Pare	Signature of Parent/Guardian		
Date		Date	Data		
PRIVACY STATEMENT for ADDITIONAL FAMILY SUPPORTS					
As a participant in this Considered Removal Child and Family Team meeting, I understand that I may share and exchange pertinent information with the agencies, professionals, and others explicitly listed below. I further understand that I must be respectful of the information shared in this meeting which will be used to Safety Plan and to coordinate service delivery and that may be used in any court proceeding involving the child(ren) who is(are) the subject of this meeting.					
NAMES AND SIGNATURES					
Print Name	Signature	Address	Phone	Relationship to Family	