

# Family File Access Log



**Name of Family:** \_\_\_\_\_

**Check the statement box below, if applicable:**

This family does not give consent for staff to photograph or videotape the child for training or community partnership purposes (see *Emergency Treatment and Consent Form*).

Center/site Family Support, Teaching staff, and other staff who regularly access the family file need only sign and initial once. A signature is required in the "Other" table below when the child's parent/guardian or other professionals including the Center Director and PSESD staff, access the family file. Place this document in the front of the family file or the clear pocket of the binder.

Center/Site Family Support and Teaching Staff			
Name	Signature	Title	Initials

Other			
Name	Signature	Title	Date Accessed