

Consent for Use of Interpreter

PARENT

I give my consent for the PSESD Early Learning Program to provide an interpreter, based on availability. I understand that all information shared with the Early Learning Program through the interpreter will be confidential and will not be shared with any other person or agency without my consent.

Parent/Guardian Name

Parent/Guardian Signature

Date

INTERPRETER

I understand that all information is confidential and will not be shared outside of the Early Learning Program.

Interpreter Name

Phone Number

Interpreter Signature

Date

Interpreter Name

Phone Number

Interpreter Signature

Date

Interpreter Name

Phone Number

Interpreter Signature

Date

Interpreter Name

Phone Number

Interpreter Signature

Date