

# **REACH OUT AND READ CONSENT FORM**

## **AUTHORIZATION (CONSENT) TO PERMIT USE AND DISCLOSURE OF IDENTIFIABLE CONTACT INFORMATION FOR RESEARCH PURPOSES**

### **Why is consent being requested?**

The Alamance Partnership for Children in conjunction with the Reach Out and Read Program provides your participating medical practice with age-appropriate books for your child to take home. Research shows a print-enriched home environment reinforces the importance of reading. Alamance Partnership for Children is participating in a long-term study of its services in order to assess the kindergarten readiness of young children in Alamance County and as a means to track early childhood services.

### **What uses of my child's identifiable contact information will this study involve?**

Signing this consent form means you are willing to share: child's name, birth date, and address with the Alamance Partnership for Children in order to link and track services to children once they begin kindergarten.

### **How will my child's identifiable contact information be kept confidential?**

The Alamance Partnership for Children will assign a unique identifier to each child receiving a free book. Please understand that all information gathered will be kept **confidential** as per the Partnership's confidentiality policy. Your name and your child's name will not be attached to any reported information. A copy of this signed consent form will be securely kept at the Partnership's office and within a patient chart at your pediatrician's office.

### **How long will my child's identifiable contact information be used?**

The Alamance Partnership for Children may continue to use your identifiable contact information for an indefinite period of time.

## **VOLUNTARY CONSENT**

All of the above has been explained to me and all of my current questions have been answered. I understand that, throughout my participation, I am encouraged to ask any additional questions I may have.

If you have any questions or concerns about this survey, please feel free to contact:

Penny Scott  
Alamance Partnership for Children  
(336) 513-0063 ext. 102  
[pscott@alamancechildren.org](mailto:pscott@alamancechildren.org)

By signing this form, I agree to allow the use of my child's identifiable contact information for the purposes described above.

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**Printed name of child participating**

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**Date of Birth**

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**Address**

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**Chart Number**

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**Parent/Guardian signature**

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**Date**