



Parental Consent to Use Digital Communication to Exchange Personally Identifiable Information

Parent/Legal Guardian Name: _____

E-mail Address: _____

Child's Name: _____ Date of Birth _____

In completing this form, you have authorized your child's professional team to be able to communicate personally identifiable information concerning your child's program and services delivered by Whispering Pines Preschool (Early Intervention/Special Education/Universal Pre-Kindergarten/Early Learning Program), digitally with and without the use of encryption. This includes but is not limited to use of both synchronous and asynchronous software platforms and App's such as YouTube, Zoom, Remind, Skype, SeeSaw, Doxy.me, Google Meet and Hangout, FaceTime, text messages, WPP email and personal cell phones. Sending personally identifiable information digitally has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent/guardian.
- Digital senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- Digital content can be changed without the knowledge of the sender or receiver.
- Backup copies of digital communication may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have the right to check digital communication sent through their systems.
- Digital communication can contain harmful viruses and other programs.

Electronic devices can communicate this information through App Programs and other software such as Skype, FaceTime, Text Messaging, Remind, E-mail, Google Classroom, Google Hang-Out, WhatsApp, YouTube, Doxy.me, Messenger, and other web-based conferencing programs.

Parental Acknowledgement and Agreement—PLEASE CHECK EACH BOX

_____ I acknowledge that I have read and understand the items above which describe the inherent risks of using Electronic devices to communicate personally identifiable information.

_____ I give Whispering Pines Preschool Agency permission to relay and receive personal information about my child via Electronic Devices.

_____ I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other.

Parent Signature: _____

Date: _____