



# The Center for the Development of Children

4 Springdale Ave.  
Dover, MA 02030

Diana E. Workman, Director

(508)785-1835

## Observation Consent form

Date: \_\_\_\_\_

I, \_\_\_\_\_ give permission for the CDC staff to release

(Parent/Guardian name)

information /observe my child \_\_\_\_\_ to

(Child's name)

\_\_\_\_\_.

(School/Organization)

\_\_\_\_\_

(Parent/Guardian signature)