



Children 1st Consent

The overall goal of the Children 1st Program is to improve the health and developmental outcomes of Georgia’s children, birth – their 5th birthday. Our mission is to detect children who may be vulnerable to health and developmental challenges, facilitating early intervention connections to promote optimal health and growth.

Children 1st services will be provided by local district staff who will complete an individualized assessment of strengths and resource needs and developmental screening (e.g., Ages & Stages Questionnaire and Modified Checklist for Autism in Toddlers). Services may be provided in home, in clinic or via telehealth.

If indicating the “agree” options below, I understand that:

1. Georgia Department of Public Health (DPH) may send me text messages or email messages.
2. DPH may provide services to me via a secure telehealth platform.
3. There may be risks with receiving texts and emails from DPH, including the risk that another person may read the message.
4. My cell phone carrier may charge me fees for messages or other data rates, depending on my cell phone plan, and I am responsible for any such costs.
5. If I no longer want to receive text messages or email messages from DPH, or receive services via telehealth, I can withdraw my consent at any time by contacting my Children 1st Coordinator.
6. If my cell phone number or email address changes or is no longer in my possession, I understand it is my sole responsibility to inform DPH of this change by writing the Children 1st Coordinator at least ten (10) days prior to this change when possible. If I fail to inform DPH of this change, I am assuming the risk that my information may be used by or disclosed to others outside the protections of applicable law.
7. It is my choice to select “I agree” below and by choosing “I do not agree” will NOT affect my eligibility for, or participation in, the Children 1st program.
8. This consent will expire in five (5) years from the date it is signed, unless I withdraw my consent in writing to the Children 1st Coordinator before that date.

Please select one of the below options:

- I agree to receive communication from the program via text message.
- I do not agree to receive communication from the program via text message.

Please select one of the below options:

- I agree to receive communication from the program via e-mail.
- I do not agree to receive communication from the program via e-mail.

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Please select one of the below options:

- I agree to receive services via telehealth.
- I do not agree to receive services via telehealth.

Your signature below indicates that you agree to the above and completion of screenings by the Children 1st Program.

Child's Name (Last)	(First)	Date of Birth:
Parent/Guardian's Printed Name:		
Parent/Guardian's Signature:		Date Signed:
Children 1st Program Representative Signature:		Date Signed: