Juvenile Welfare Board
Investing in children. Strengthening our community.

Authorization and Consent for
Child's Survey Participation and
Related Collection of Personal Information
by the Juvenile Welfare Board of Pinellas County

I, _____
_____ (*print participant name(s)*)
acknowledge that the minor child(ren) named below (the "Participant") is a participant of a program or service (the "Program") funded by the Juvenile Welfare Board of Pinellas County ("JWB"). I hereby authorize and consent to the Participant's participation in written surveys on paper or via website or other electronic means conducted by the Program and/or JWB from time to time to assist with program improvements and enhancements. As part of these surveys, I understand that the Participant's full name, date of birth, and home or physical address may be collected and associated with the Participant's survey responses.

I understand that this information will not be further disclosed to any third party without appropriate consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies the Participant as an individual is revealed.

I understand that I have the right to withdraw this Authorization in writing at any time. However, it is possible that JWB or the Program may have already relied on this Authorization before it receives notice of my withdrawal and that JWB or the Program may have already taken action based on the Authorization. I may revoke this Authorization by submitting my request in writing to the place, clinic or department where I submitted this Authorization but understand that such revocation will not apply to actions already taken prior to my revocation.

By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

Minor Child / Participant (print name): _____ Date of Birth: _____

_____
Print name of Authorized Representative

_____
Effective Date

_____
Signature of Participant's Authorized Representative (check one):

○ Participant ○ Parent ○ Guardian
○ Personal Representative (Legal Documents Required)