**Appendix G**

**Parent Consent To the Disclosure of Pupil Records to Members of the Multi-Disciplinary Team For Investigation of Suspected or Alleged Child Abuse or Neglect**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 **Name of Parent or Guardian Name of Student**

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student in Milwaukee Public Schools, consent to the disclosure of the pupil records regarding my child as identified below, to the following agencies, who are members of a Multi-Disciplinary Team (“MDT”), for the purpose of investigating suspected or alleged child abuse or neglect:

***Pupil Records That May Be Disclosed:***

**[Check all that apply]**

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ School Social Work Records

\_\_\_\_\_ Recent Individual Education Plans (IEPs)

\_\_\_\_\_ Pupil Health Record

\_\_\_\_\_ Reports of Internal Investigations Conducted by the School

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Pupil Records May Be Disclosed to the Following MDT Agencies:***

**[Check all that apply]**

\_\_\_\_\_ Division of Milwaukee Child Protective Services

\_\_\_\_\_ Children’s Hospital of Wisconsin, Child Protection Center

\_\_\_\_\_ City of Milwaukee Health Department

\_\_\_\_\_ Milwaukee County District Attorney’s Office

 \_\_\_\_\_ Milwaukee County Law Enforcement Executive Association, including all suburban law

 enforcement departments

\_\_\_\_\_ Milwaukee County Sheriff’s Department

\_\_\_\_\_ Milwaukee Police Department

\_\_\_\_\_ Sexual Assault Treatment Center, Aurora Sinai Hospital

\_\_\_\_\_ Sojourner Family Peace Center

\_\_\_\_\_ West Allis Police Department

**This consent is valid for one year from the date indicated below:**

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

 Signature of Parent/Guardian

**\*This document must be maintained by the school with the records of the pupil.**

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SDB/mll