

"I FORBID" FORM

I "FORBID" the following:

I "FORBID" anyone from The Cabinet for Health & Family Services "take pictures" of my child while at the Child Care Center [redacted].

I "FORBID" anyone from The Cabinet for Health & Family Services "questioning" my child at any time while at the Child Care Center [redacted].

I "FORBID" any of my "personal & confidential" information from my Child's File be taken off the Child Care Center's [redacted] premises by someone representing The Cabinet for Health & Family Services !! It is against the law to take, "steal," and then "use" my "personal & confidential" information without my consent !! The contract and forms that I have signed with the Child Care Center [redacted] is between myself & the Child Care Center [redacted] -- "personal & confidential" information that I have trusted with the Child Care Center [redacted] not "personal & confidential" information that I have authorized them to hand out !! If someone from The Cabinet for Health & Family Services needs to contact me, they can have the Child Care Center reach out to me !!

By signing below, I "FORBID" The Cabinet for Health & Family Services to take pictures of my child, question my child, and / or take / "steal" "personal & confidential" information out of my Child's File !!

By signing below, I "FORBID" The Cabinet for Health & Family Services to take any of my "personal & confidential" information off this Child Care Center's [redacted] premises!

If the Cabinet for Health & Family Services disregards this signed form, I will contact Legal Counsel !!

Parent's Name: _____ Parent's Signature: _____

Date: _____

Parent's Name: _____ Parent's Signature: _____

Date: _____