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PERMISSION TO TEXT AND EMAIL VIA UNSECURED NETWORK

I PERMIT THE WHOLE CHILD ASSOCIATES TO TEXT ME, LEAVE A VOICE MAIL, AND EMAIL ME IDENTIFIABLE HEALTH INFORMATION ABOUT MYSELF OR MY CHILD ON AN UNSECURED NETWORK SYSTEM.

Signature of Client or Client Representative

Date

Signed by: Please Print Name Above

Please Print Legibly

Cellphone Number _____

Email Address _____