



MEDICAL CONSENT TRAINING FOR KINSHIP CAREGIVERS

Purpose: Use this form to notify CPS that you have completed the medical consent training that is required for kinship caregivers.

Directions: To complete this form, each kinship caregiver does as follows:

1. Watch, read, or listen to the training.
2. Fill out and sign the form.
3. Mail the completed form to CPS in the envelope that came with the form.

The caseworker signs this form after receiving it from the kinship caregiver.

If you have questions, please contact the child's caseworker.

KINSHIP CAREGIVER INFORMATION

Name of Kinship Caregiver:	Date of Training Completion:
----------------------------	------------------------------

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SIGNATURES

I understand the information in the training, and I know that I can contact the CPS caseworker if I have any questions.
I understand that CPS will mail me a certificate of completion for the medical consent training after I send this form to them and they receive it.

Kinship Caregiver: X	Date Signed:
CPS Caseworker: X	Date Signed: