Northeast SD Head Start Authorization / Confidentiality Form

D		٦	l'an /N alandana Nama		Child's Name:		
Par	eni/C	Juarc	lian/Volunteer Name:	(Please Print)	Site:		
Ple	ase c	heck	each of the following item	` '			
	Yes	No			Tarking "No" means permission is not give ge this consent form at any time. Changes		
1.			I authorize NESD HS to conduct a health screening on my child enrolled in Head Start. I understand that this screening includes height, weight, vision, and hearing.				
2.		I authorize NESD HS staff to contact the appropriate emergency personnel in the event of a medical or dental emergency.					
3.		I authorize for my child to receive first aid treatment for minor injuries while attending NESD HS.				ng NESD HS.	
4.		I authorize my child to be involved in the Dial 4 developmental screening that will include motor skills, concepts, language, and self-help, social/emotional and behavioral observations.					
5.		I authorize my child's name, date of birth, parents' name, address and phone number and educational records to be released to the Public and Private Schools for transition purposes.					
6.			I authorize my child to go child development program	•	rips) as part of the Head Start Program's	educational	
7a.			I authorize NESD HS Staff developmental documentat		deo my child/family to be used for: Prog	ram training and	
7b.			Newspaper articles/photos Head Start (child/family na		surposes in order to inform the public of sublished).	the activities of	
7c.			Classroom group picture or their families throughout the	0 11	ures that include other children that can l	be shared with	
	. I authorize for my child to participate in The Child Protection Unit. SEE BACK SIDE						
9.					GES as a form of communication.	1.0	
10.	I authorize Head Start to apply sunscreen and bug repellent spray to my child as needed for safe outdoor play.						
11.	I aut	thori	ze for my child to be added	to the Departmen	t of Education's Infinite Campus system.		
			Co	ONFIDENTIAL	TY AGREEMENT		
resp atte Exe	oonsi ndan ecutiv	bility ice at ve Di	y for absolute confidentiality t Head Start. I understand th	Dakota Head Star v. I will not discus nat a breach of con o corrective action	nd the need for absolute confidentiality in the Program. I do hereby swear to maintain as, with anyone, information seen or hear infidentiality will be cause for reporting say, up to and including possible termination family Handbook)	and accept the d while in uch breach to the	
Par	ent/C	Guarc	lian/Volunteer Signature	Date	Staff Signature	Date	
 Par	ent/C	Suarc	lian/Volunteer Signature	Date			

Dear Family,

As you know, we are using the Second Step program in your child's learning environment. The Second Step program teaches children important skills for getting along with others and doing well in school. It also helps our school be a safe and supportive place where everyone can learn.

To help our school be even more safe and supportive, we are also going to use the Second Step Child Protection Unit. In these lessons, children will learn three types of skills:

- Personal Safety. Children will learn important safety rules, such as safety with guns, sharp tools, and fire, and
 when riding on wheels or in cars. They will also learn ways to help them decide if something is safe or not.
- Touching Safety. Children will learn about safe, unsafe, and unwanted touches, and rules about touching private body parts. They'll also learn to say no to unsafe or unwanted touches, and to tell a grown-up if someone breaks rules about touching private body parts.
- Assertiveness. These lessons will also give children a chance to practice asking a grown-up for help, telling a
 grown-up about an unsafe situation, and being assertive to get out of unsafe situations.

Your child will bring home simple, fun activities called Home Links that will help you understand what he or she is learning about safety at school and give your child another chance to practice safety skills.

To keep your child safe and protected, everyone at school needs to be involved. So all our staff will get special training in how to:

- · Recognize and report suspected child sexual abuse
- · Respond to and support children who have been abused or who are facing other challenges
- · Use strategies that promote a safe and supportive climate for learning

If you have any questions about the Child Protection Unit or the Second Step program, please contact me. If you do not want your child to participate in these lessons, please complete, sign, and return the bottom portion of this letter. For more information on our school's child-protection policies and procedures, you can also talk to me or our school's director.

Go online to **SecondStep.org** and log in with the activation key CPUE FAMI LYGE to get more information about what your child is learning in the *Second Step* program. Thank you for helping us to make our school a safe and supportive place where everyone can learn.

Sincerely,

I do not want my child,	Go online today		
to participate in the Second Step Chi Parent/Caregiver signature	Date	SecondStep.org activation key CPUE FAMI LYGE	
Second Step: Child Protection Unit	SecondStep.org	©2014	committee of children