

CHILD'S NAME _____ **UNIT** _____

FIELD TRIPS:

I give permission for the above named child to go on outings (field trips) as part of the Head Start Program's educational child development program.

___ YES ___ NO ___ INITIAL

PUBLICITY:

I give consent and approval to Head Start to publish and distribute both the child's name and photograph in order to inform the public of the activities of Head Start.

___ YES ___ NO ___ INITIAL

RELEASE OF NAME:

I give consent and approval to Head Start to distribute my name, address and telephone number to other families in my unit and/or members of policy groups governing the Program.

___ YES ___ NO ___ INITIAL

TRANSITION:

I give consent for 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.

___ YES ___ NO ___ INITIAL

HEALTH:

I give permission for the above-named child to be involved in the following screenings provided by Head Start. The screenings will include vision and/or hearing, growth assessment, a physical and dental exam and the follow-up assessments. All results will be made available to me upon request.

___ YES ___ NO ___ INITIAL

I give permission to Head Start staff to contact the appropriate emergency personnel in the event of a medical or dental emergency.

___ YES ___ NO ___ INITIAL

EDUCATION:

I give permission for the above-named child to be involved in developmental screenings that will include motor skills, concepts, language, self-help, social and behavior observations.

___ YES ___ NO ___ INITIAL

VIDEO:

I give permission for the above-named child to be video taped or photographed in the classroom, participating in special activities, or outings by persons other than Head Start staff. (Parent/Grandparents)

___ YES ___ NO ___ INITIAL

Parent/Guardian Signature _____ **Date** _____

The above has been explained by _____ **Date** _____