Northeast SD Head Start Authorization / Confidentiality Form

Parent/Guardian/Volunteer Name: _____

(Please Print)

Child's Name: _____ Site: _____

Please *initial* each of the following items:

	Yes	No	**Marking "Yes" means permission is given. Marking "No" means permission is not given.** ***Permission is voluntary. It is your right to change this consent form at any time. Changes must be in writing.***
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.
4.			I authorize my child to be involved in developmental screenings 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 on outings (field trips) as part of the Head Start Program's educational child development program.
			I authorize NESD HS Staff to photograph my child/family to be used for:
7a.			Program training
7b.			Newspaper articles and promotional purposes in order to inform the public of the activities of Head Start (child/family name may also be published)
7c.			End of the Year class/group picture to be sent home with each child
8.			I authorize for my child to participate in lessons 4 – 15 in the Talking About Touching program.

CONFIDENTIALITY AGREEMENT

I, _____, understand the need for absolute confidentiality in my role as a Parent/Guardian of the Northeast South Dakota Head Start Program. I do hereby swear to maintain and accept the responsibility for absolute confidentiality. I will not discuss, with anyone, information seen or heard while in attendance at Head Start. I understand that a breach of confidentiality will be cause for reporting such breach to the Executive Director and may be subject to corrective action, up to and including possible termination of volunteer status.

(See: Confidentiality Policy and Agency Records located in Family Handbook)

_____ _____

Parent/Guardian/Volunteer Signature Date Staff Signature Date

_____

Parent/Guardian/Volunteer Signature Date

Revised 5/2015