

Northeast SD Head Start Authorization / Confidentiality Form

Parent/Guardian/Volunteer Name: _____ Child's Name: _____
 Site: _____
 (Please Print)

Please check each of the following items:

	Yes	No	Marking "Yes" means permission is given. Marking "No" means permission is not given. <i>Permission is voluntary. It is your right to change this consent form at any time. Changes must be in writing</i>
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 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 on outings (field trips) as part of the Head Start Program's educational child development program.
7a.			I authorize NESD HS Staff to photograph/video my child/family to be used for: program training, developmental documentation, and/or on Head Start's Social Media sites.
7b.			Newspaper articles/photos for promotional purposes in order to inform the public of the activities of Head Start (child/family name may also be published).
7c.			Classroom group pictures/videos or small group pictures/videos that include other children that can be shared with their families throughout the year. Including virtual learning videos taken from the classroom.
8.			I authorize for my child to participate in The Child Protection Unit. SEE BACK SIDE
9.			I authorize Head Start to use TEXT MESSAGES as a form of communication.
10.			I authorize Head Start to apply sunscreen and bug repellent spray to my child as needed for safe outdoor play.
11.			I authorize for my child to be added to the Department of Education's Infinite Campus system.

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		

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, _____,
to participate in the *Second Step* Child Protection Unit lessons.

Parent/Caregiver signature

Date

Go online today

SecondStep.org activation key
CPUE FAMI LYGE