

PARENT PERMISSION

Child's Name: _____ Date of Birth: _____
Mailing Address: _____

EMERGENCY INFORMATION FOR CHILD

Parent's Name: _____
Home Cell #: _____
Work Ph. #: _____
Email: _____

Parent's Name: _____
Home Cell #: _____
Work Ph. #: _____
Email: _____

Publicity

- Y N May we use your child's family picture
for publicity & educational purposes?
Y N Feedback/coaching purposes?
Y N School Facebook/Website pages?
Y N School books, posters, etc.?
Y N End-of-year C.D.?
Y N Newspaper

Health Screenings

- Y N Finger stick?
Y N Oral
Y N Blood pressure?
Y N Height/Weight

Administer

- Y N Sunscreen
Y N Insect repellent
Y N Diaper rash ointment
Y N Hand lotion

Transportation & Field Trips

- Y N Permission for my child to ride in
a program vehicle with staff.

Records

- Y N Share information with
coordinating agencies?

Sensory Screenings

- Y N Hearing? Y N Vision?

EHS ONLY: OAE Hearing Screening

- Y N I give permission for Head Start
C & FDP, Inc. to share the OAE
test results with the Early Hearing
Detection & Intervention Program.

Adult(s) Present for Orientation/Health Fair

Mother Figure

Father Figure

Developmental Screenings: An ASQ, ASQ:SE Screening, and a Social/Emotional Observation will be completed on all children enrolled in Preschool and Early Head Start programs.