

GENERAL CONSENT FORM

In consideration for CPCD & Early Connections Learning Centers' enrollment of my child in its programs, I agree to the following:

1. Consent for Health Screening

I hereby authorize and request Early Connections Learning Centers and CPCD to provide the examinations described below to my child, unless I have refused them by checking "No" next to the examination.

EARLY CONNECTIONS LEARNING CENTERS and/or CPCD

	YES	NO	<u>Examinations</u>
1.			Hearing Screening
2.			Vision Screening (including Lion's Club camera screen)
3.			Height and Weight Measurements
4.			Dental Screening
5.			Developmental Screening
6.			Speech/Language/OT/PT Screening

NOTE: Examinations (1) through (5) are administered to all children enrolled in Head Start, of the applicable ages, whose parents consent. Examination (6) is provided only for children who are felt to be in need of this examination by CPCD.

2. Consent for use of photographs/videos of child and family

I hereby consent to the use of quotations, photographs or videos of my child and family in CPCD and Early Connections Learning Centers marketing materials, including but not limited to: print media, video, online and social media concerning CPCD and Early Connections Learning Centers events and activities.

YES NO

3. Consent for use of sunscreen

I hereby give consent for Early Connections Learning Centers staff to apply sunscreen to my child on an as needed basis, when outdoor activities are planned.

YES NO

4. Consent for use of insect repellent

I hereby give consent for Early Connections Learning Centers staff to apply insect repellent to my child on an as needed basis, when outdoor activities are planned.

YES NO

5. Consent to participate in Results Matter

I hereby give consent for Early Connections to include my child in the Teaching Strategies GOLD assessment system and include the data in the Colorado Results Matter Data Base. The mission of the Results Matter program is to positively influence the lives of children and families by using child, family, program and system outcomes data to inform early childhood practices and policy.

YES NO

6. Permission to Post

I hereby give permission for Early Connections Learning Centers to post pertinent information regarding my child's health needs, or any condition that would affect his participation in classroom activities. These conditions would include, but not be limited to: allergies (medication, food, environmental), medical conditions, special dietary requirements, etc.

YES NO

Please indicate names or functions of individuals authorized to have access to health information about your child:

Teachers Center Administration Early Connections Learning Centers Medical Staff

Other _____

I authorize all activities or examinations above except those where I have checked "NO".

Name of child

Signature of Early Connections Learning Centers Staff

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

Date