

PARENT CONSENT FORM

Child's Name _____

I give permission for the following services to be provided to my child. I understand that by circling "yes," permission is granted for the specific service and by circling "no," permission is not granted and my child will be excluded from the activity.

Yes / No - I grant permission for my child to receive all standard screenings and assessments used by the program, age appropriate for my child. These tools are used to assess children in the areas of language and cognition, visual and auditory, fine and gross motor, physical growth, and social/emotional development. The results will be used to plan appropriate curriculum for your child, and determine the need for any further evaluations. All results are shared with parents.

Example of specific tools:

<p>0-3 year old children receive: Ages and Stages Developmental Checklist Teaching Strategies Gold Developmental Assessment Hearing, vision, height, & weight screenings</p>	<p>3-5 year old children receive: ESI-R – Motor, Cognitive, and Language Screen <i>designed to identify children who may be in need of further developmental evaluation</i> Teaching Strategies Gold Dev. Assessment Hearing, vision, height, & weight screenings</p>
---	---

Yes / No - I grant permission for an employee to **apply sunscreen, lip balm, lotion and/or diaper ointment (if applicable)** to my child when necessary.

Yes / No – I grant permission for my child to use hand sanitizers or hand wipes with alcohol (if over 24 months) when necessary.

Yes / No - I grant permission for my child to use toothpaste with fluoride daily (if over 24 months) and receive **dental screening/fluoride** application from a registered dental hygienist

Yes / No - I grant permission for my child to be **photographed or videotaped** by staff and/or child care parents.

Yes / No - I grant permission for my child's **photographs to be hung up in the classrooms.**

Yes / No - I grant permission for **pictures or videotapes** of my child be taken and used in **advertising, newspapers, newsletters, displays, CCCC's FACEBOOK page**, or other types of educational/promotional publications.

Yes / No - I grant permission for my child to leave the school premises under the supervision of staff members for visits to close-by parks and **field trips** in an authorized vehicle with a notice ahead of time.

Yes / No - I grant permission for CCCC or ECEAP School Districts to provide transportation for my child (including field trips) with 24 hours advance notice. Washington state law requires parents to sign their children in upon **arrival and upon departure** out of the center. I hereby give permission to the staff to sign my child in and out of the program **ONLY** when they use CCCC transportation for arrival or departure.

Yes / No - I grant permission for CCCC and Whitman County Health Department to **share** information regarding my child's health.

Yes / No - I grant permission for administrators, teaching staff, and regulatory authorities, on request, to **access my child's file**. I understand that as a parent or legal guardian, I also will be granted immediate access to my child's records upon request.

Parent Signature

Staff Signature

Date