



PARENT CONSENT FORM

Child's Name _____

I give permission for the following services to be provided to my child. I understand that by selecting "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.

Example of specific tools:

0-3 year old children receive:
Ages and Stages Developmental Checklist
HELP- Hawaii Early Learning Profile
Hearing, vision, height, & weight screenings

3-5 year old children receive:
ESI-R - Motor, Cognitive, and Language Screen designed to identify children who may be in need of further developmental evaluation
Teaching Strategies Gold Dev. Assessment
Hearing, vision, height, & weight screenings

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.

Yes/ No - I grant permission for an employee to apply sunscreen (Banana Boat SPF 30 or higher), lip balm, lotion and/or diaper ointment (A+D 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).

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/HS/EHS/ECEAP to provide transportation for my child. I hereby give permission to the staff to sign my child in and out of the program when my child is being transported by CCCC and during emergency situations (e.g. COVID-19 pandemic). Washington state law requires parents to sign their children in upon arrival and upon departure out of the center.

Yes/ No - I grant permission for CCCC to share/consult with CCCC's Contracted Registered Nurse 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