

Child's Name Pedro Estevan Center VZ II
UMATILLA-MORROW COUNTY HEAD START, INC.
PARENT CONSENT FORM

I hereby give permission to the Umatilla-Morrow Head Start Program to provide the following services. I understand that by circling the "yes" answer, permission is granted for the specific services, and that by circling the "no" answer, permission is not granted.

1. I give permission for an ongoing monitor of my child's growth, if deemed necessary, through the WIC clinic and/or the Head Start Center. YES NO
2. I give permission for my child to have hearing, vision, and developmental screens completed by qualified specialists and/or Head Start staff. YES NO
3. I give permission for my child to have speech and/or behavior screens completed, as needed, by qualified specialists and/or Head Start staff. YES NO
4. I give permission for my child to receive first aid treatment for minor injuries at the Head Start Center. YES NO
5. I give permission for my child to be in a class photo or photo of classroom activity or field trip, that may be given to other Head Start children, families, or staff. YES NO
6. I give my permission for pictures of my child or my family to be used by the program for training, newspaper articles, or for promotional purposes. YES NO
7. I give permission for Head Start to give out my telephone number and/or address to other Head Start parents. (check which one) Telephone and/or Address YES NO
8. I give permission for staff to use lotion, sunscreen, bath soap, and diaper ointment on my child when needed. If answer is no, items will only be used if supplied by parent. However, sunscreen must be supplied by the parent in all cases. YES NO
9. I give permission for my child to attend field trips, either walking or by bus, as planned by the classroom staff. YES NO
10. I give permission to give medical information to an interpreter employed by UMCHS. YES NO
11. **For children 12-23 months only**-I give permission for Head Start staff to brush my child's teeth with a small smear (rice size) of fluoride toothpaste daily. YES NO

If you are **NOT** a WIC client, please complete question #13.

12. I give permission for my child to have a Nutrition Assessment. If a current Hct/Hgb has not been completed by the Medical Health Care Provider, I give permission for WIC to complete this screen. YES NO

Juanita Estevan 7/15/09 Ana M. Reynaud 7/15/09
 Parent/Guardian's Signature Date Staff Signature Date

Annual Review: _____ (parent initials) _____ (staff initials) _____ (date)
 Annual Review: _____ (parent initials) _____ (staff initials) _____ (date)
 UMCHS/Parent Consent Form/Revised 06/07/2009 WHITE COPY-CHILD'S FILE YELLOW COPY-PARENTS