

CHILD & FAMILY DEVELOPMENT PROGRAMS
Community Action Team
 Parent Consent and Authorization

Center/County: _____ Teacher/Home Visitor: _____

Class: AM1 AM2 PM1 PP EHS

Child's Name: _____ DOB: _____

Consent for Health and Development Screenings and Observations

Yes	No		Yes	No	
		Height/Weight			Developmental screening
		Vision screening			Mental health observation
		Hearing screening			Treatment of minor injuries

Consent for staff to Use on Child

Yes	No		Yes	No	
		Sunscreen			Hand wipes
		Diaper wipes during toileting			

Consent for Release of Family Contact Information

Yes	No		Yes	No	
		Classroom/Center/Families Roster			*School Districts/Educational Service Districts

*Family Educational Rights and Privacy Act (FERPA) release of Directory Information

I hereby give my consent or permission on the above items. It has been explained to me and I understand the nature and purpose of this form. I understand that I have the right to update this form at any time.

Parent/Guardian Signature: _____ Date: _____