

# UCHRA Van Buren Head Start Parent Permission Agreement

Parent/Guardian/Volunteer Name:

(Please Print)

Child's Name:

(Please Print)

Please *initial* each of the following items:

	Yes	No	Marking "Yes" means permission is given. Marking "No" means permission is not given. Permission is voluntary. It is your right to change this consent form at any time. Changes must be in writing
1.			I authorize my child to be involved in developmental screenings and health screening while enrolled in Head Start. I understand that these screenings may include but are limited to height, weight, vision, and hearing.
2.			I authorize my child to participate in a general classroom observation by a mental health consultant.
3.			I authorize my child/family to receive first aid treatment (which may include application of triple antibiotic cream, sting-away, etc...) for minor injuries while attending UCHRA VBHS.
4.			I authorize UCHRA VBHS staff to contact the appropriate emergency personnel in the event of a medical or dental emergency.
5.			I authorize staff to apply sunscreen to my child prior to outdoor play. ( <i>Insert product name below</i> ) ( _____ Rocky Mountain Sunscreen _____ - information sheet provided separately.)
6.			I authorize my child to go on outings (field trips) as part of the Head Start's educational child development program. All field trip information will be made available in advance.
7.			I authorize UCHRA VBHS Staff to photograph my child/family to be used for: Program training/ Newspaper articles and promotional purposes-including social media, in order to inform the public of the activities of Head Start (child/family name may also be published).
8.			I acknowledge I have been informed about the all call system and agree to keep Head Start updated with new telephone numbers/changes.
9.			I authorize for UCHRA VBHS to contact me and/or send me reminders and/or information through Email _____ Text/Phone _____ Cell Phone <b>*Calls only</b> _____ Landline* _____ Other Msg _____
10.			I authorize UCHRA VBHS staff to make home visits during the program year at my convenience.
11.			I agree to work with the Head Start staff to assist with the prevention of classroom inventory destruction.
12.			I have been informed how to access the Head Start website. I have been trained on all the documents on the UCHRA Head Start website. I have been informed on how to access the Head Start Facebook site.
13.			I have made the required visit to the site on ____/____/____ and received _____ summary of licensing requirements, _____ Head Start Parent Handbook with policy statements, and _____ resource guide. *I would like to receive a paper copy of the following documents:

Parent/Guardian/Volunteer Signature/ \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature / \_\_\_\_\_ Date \_\_\_\_\_

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## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand the need for absolute confidentiality in my role as a Parent/Guardian/Volunteer of the UCHRA Van Buren Head Start Program. I do hereby swear to maintain and accept the responsibility for absolute confidentiality. I will not discuss with anyone, information seen or heard while in attendance at Head Start. I understand that a breach of confidentiality will be cause for reporting such breach to the Director and may be subject to corrective action, up to and including possible termination of volunteer status.

(See: Confidentiality Policy and Agency Records located in Handbook)

\_\_\_\_\_  
Parent/Guardian/Volunteer Signature/      Date

\_\_\_\_\_  
Staff Signature /      Date

## Child Health Information Authorization

List the names of individuals and their relationship to the child who are authorized by you to have access to health information concerning your child :(You will need to indicate your name as well...**if they are an emergency contact they must be included here.**)

Name	Relation

I, \_\_\_\_\_, understand and fully acknowledge and authorize that my child's health information will be shared with Head Start staff on a need to know basis. I further acknowledge and authorize that quality assessors may have supervised access to my child's records.

\_\_\_\_\_  
Parent/Guardian/Volunteer Signature/      Date

\_\_\_\_\_  
Staff Signature /      Date

**Review:** (Parent/Guardian/Volunteer Signature; date) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Staff initials/date) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_