

Parent / Guardian Authorizations

Head Start, GSRP, and Early Head Start programs offer various services to children and families to help prepare for Kindergarten success. Advance authorization is needed for services and actions related to children's health, development, and educational needs for the following actions and services:

Health Services

Yes ___ No ___ Health Checks: I allow trained individuals to perform health screenings, such as height and weight measurements, blood pressure readings, and screenings for hearing, vision, hemoglobin, temperature, and dental health. These checks do not involve drawing blood.

Yes ___ No ___ Lead Test: I allow a nurse to collect a few droplets of blood to perform a lead test. The results and limited personal information will be entered into the Michigan Care Improvement Registry database. (Consent is voluntary but this is a **Head Start** requirement and if the result is not provided to the program I may be required to take my child to the lab and it may affect participation)

Yes ___ No ___ Immunization Records: I allow the exchange of my child's immunization record to the Michigan Department of Health and Human Services and/or local health departments to improve immunization services and comply with Michigan law.

Sharing of Information

Yes ___ No ___ Sharing Information: I allow my child's information to be exchanged with public schools, community agencies, mental health, health, and dental care providers, and the U.S. Department of Health and Human Services for income verification/program participation purposes

Yes ___ No ___ Transfer Information: I allow the program to exchange my child's information, including assessment and health information, with other schools as the child transitions to a new program or from preschool to kindergarten.

Transportation

Yes ___ No ___ Transportation: I allow my child to be transported for school events, field trips, and health visits. A parent or guardian must go with the child for health visits.

Media Use

Yes ___ No ___ Media Permissions: I allow photographs, videos, and other media of my child for advertising, news stories, staff training, and other media-related purposes, without using the child's name or identifying information unless further permission is granted. It is noted that other parents may take pictures or videos during school events, which is beyond the control of school staff.

As part of the program participation, I understand developmental, mental health, behavioral, and educational observations, screenings, assessments, and consultations will be conducted by school staff or outside agencies. I authorize these services and information sharing described above.

Child's Name (**Please print clearly**)

Child's Date of Birth

Parent/Guardian Signature

Date of Signature