

# Salida Early Childhood Center

## Family Permission Statement

Please write "YES" or "NO" in front of each statement to agree or disagree with each item.

Child's Name: \_\_\_\_\_

- \_\_\_\_\_ 1. In case of an accident or an emergency the center staff may administer first aid to my child. The staff will call 911 for my child if there is a life threatening emergency or a serious injury.
  - \_\_\_\_\_ 2. I will allow Head Start staff to complete screenings as required by Head Start Performance Standards. Screenings will assess height, weight, vision, hearing, speech, development, mental health, and dental health.
  - \_\_\_\_\_ 3. I will keep my child home if he or she show signs of a communicable disease, and I will notify Head Start if my child is unable to attend class.
  - \_\_\_\_\_ 4. With the help of Chaffee County Head Start, I will complete the necessary medical and dental examinations and will pursue any follow-up treatment.
  - \_\_\_\_\_ 5. Pictures /videos taken of my child may be used in newspapers, on the Head Start website, displays, bulletin board, and other types of educational publication or training.
  - \_\_\_\_\_ 6. I will allow Head Start staff to make home visits during the school year at my convenience.
  - \_\_\_\_\_ 7. My child may accompany their class on scheduled field trips and walks.
  - \_\_\_\_\_ 8. The Head Start staff may apply sunscreen on my child as needed.
  - \_\_\_\_\_ 9. I consent to release my phone number to other Head Start families for the sole purpose of Head Start functions.
  - \_\_\_\_\_ 10. I consent to allow Head Start to post allergy lists of my child in a visible area.
  - \_\_\_\_\_ 11. I agree to provide any restraining orders or custody papers that may concern my child who is enrolled in Head Start. (Your child is very important to us, and we will not allow them to go with anyone who is not listed on your pick up list. We need to know if there are custody or safety issues.) **DO NOT RELEASE MY CHILD TO:**
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- \_\_\_\_\_ 12. I understand that Chaffee County Head Start works collaboratively with many community partners (such as Public Health, WIC, and Starpoint) to provide comprehensive services for my child. Chaffee County Head Start has contracts with these partners and all of their employees have been screened and fingerprinted.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ staff signature: \_\_\_\_\_