

BBNA Head Start

PO Box 310 Dillingham, AK 99576
907-842-4059

CONSENT/COMMENTS FORM

CHILDS NAME: _____ BIRTH DATE: ____ / ____ / ____ COMMUNITY: _____

I GIVE permission for my child to:

1. Have his/her photo used in newspapers, books, or displays for educational purposes and/or publicity. Yes No
2. Have reflector tape ironed onto my child's jacket at the Head Start Center Yes No
3. Have his/her records transferred to the school district for kindergarten transition. Yes No
4. Participate in Vision Screenings and/or the Screening Camera. Yes No
5. Participate in Hearing Screenings Yes No
6. Participate in Speech and Language Screening Yes No
7. Participate in Height/Weight Screenings Yes No
8. Participate in Development Screenings Yes No
9. Participate in field trips as long as I/we are notified of the destination and date. Yes No

I GIVE permission:

10. For my phone number and email address to be provided to parent committees for Head Start activities. Yes No
11. For my child's name to be provided to the local School District for coordination and planning purposes. Yes No

Parent Signature: _____ Date: _____

BBNA Head Start Consent for Medical Treatment

This authorizes BBNA Head Start Staff to give consent for emergency medical treatment for my child, _____, in the event that neither parent/guardian is available at the time such consent is needed.

This consent will be in effect between _____ and _____.

Parent/Guardian Signature: _____ Date: _____