

EAST UNION EARLY CHILDHOOD CENTER PERMISSION FORM

Child's Name _____

Parent/Guardian

I give my permission for:

Initials

Yes No

___ ___ East Union and/or East Union Early Childhood Center staff to monitor height and weight, do vision screenings, developmental screenings, and assessments.

___ ___ Iowa Kids Sight/Iowa Lions to do a vision screening.

___ ___ Area Education Agency 14 to do speech and hearing screenings, classroom observations, and consultation.

___ ___ Mental health professionals to observe my child in the classroom setting.

___ ___ Medical, dental and developmental information to be forwarded to East Union Elementary School where my child will be attending kindergarten.

___ ___ East Union Early Childhood Center staff to administer sunscreen to my child. I have the option to bring my own sunscreen if my child has a certain skin condition that may cause a rash or reaction, but I must notify staff of the condition.

___ ___ East Union Early Childhood Center Staff to apply insect repellent containing DEET when it is recommended by public health authorities due to a high risk of insect-borne disease.

___ ___ East Union Early Childhood Center staff to take my child on field trips scheduled by the program. I understand that I will be notified, in advance, of each trip.

___ ___ Use of photos, films, and/or recordings of my child by East Union Early Childhood Center for training, advertising, and newsletters. These photos can be posted to the school website or used in the Elementary School yearbook. Photos, films and or recording may be used within TriUMPH Early Childhood Program and Early Childhood Institute.

___ ___ East Union Early Childhood Center has permission to share and gain information with and between external agencies including but not limited to (PAT, CHSC, AEA, and Lifeline)

Parent/Guardian's Signature

Date

Updated: 2011

