

GTB EARLY HEAD START, HEAD START & GSRP

revised 4/2020

2600 N. Strongheart Way
Suttons Bay, MI 49682
(231)534-7650 / FAX (231)534-7583

CONSENT FOR PARTICIPATION

Child's Name: _____

I, the undersigned, hereby give permission to the Grand Traverse Band Early Head Start/Head Start/GSRP Programs to:

PLEASE INITIAL:

_____ Release and Obtain **ALL** Health Records of my child including to and from my child's primary care physician, dental care provider, ophthalmologist, and/or any other pertinent health provider's information.

_____ Obtain and share information regarding my child with DHS.

_____ Obtain and share information regarding my child with Health Department/WIC.

_____ Obtain and share information regarding my child with GTB Behavioral Health Services.

_____ Obtain and share information regarding my child with AFS.

_____ Obtain and share information regarding my child with Pine Rest/Mental Health Therapist/Consultant _____.

_____ Allow my child to participate in Head Start's Free Health Care Program which could include all or some of the following:

*Immunization Clinic	*Dental Examination
*Physical Examination	*Speech Evaluation/Therapy/OT/PT
*Early Intervention Staff	*TBAISD/Early-On
*Hearing and Vision Testing	*Height & Weight Measurements
*Developmental Screening/s	*Tooth brushing daily with Fluoridated Toothpaste
* Hemoglobin & Blood Pressure Screening	*Referrals to other agencies for Disability Services
*Child observations and/or staff consultations regarding my child with Mental Health Consultant, Nutrition/Dietician Consultant, and/or Nursing Consultant if needed.	

_____ Release my name, phone number, and the name, birth date, address, and pertinent Head Start file contents of my child to the school of my choice: _____ . This will be done when my child is age eligible for Kindergarten Round-Up activities.

_____ To take photographs and/or videos of my child/family which may be used in displays, recruitment, or other types of news/educational publications. Occasionally local news media may take photographs or video of the children.

_____ Release my child's name on a class list which will be distributed to all parents/guardians. Allow my child's name to appear in class, program or promotional material.

_____ Allow Head Start/Early Head Start staff to apply sunscreen (SPF 45) to my child before going outside in spring/summer months.

**This consent is valid for one year after the date signed. In signing this document, I am fully aware of the items listed and concur that the above consent is in the best interest of my child.

Signature of Parent/Guardian

Date