

Parent/Guardian Permission Form

Name _____ Birthday _____ Location _____

OVEC Head Start/Early Head Start/ Child Care Partners Parent/Guardian Permission Form

As a parent/guardian, I acknowledge that the following information has been provided and explained to me. By selecting yes, I accept the services provided to me and/or my child. This permission is valid for 1 year from the date signed.

Explanation of Service/Right

Hearing Screening:I understand that my child will receive a hearing screening within the first 45 days of his/her entry to the classroom if applicable and that I will be provided with those results.

- Yes
 No

Vision Screening:I understand that my child will receive a vision screening within the first 45 days of his/her entry to the classroom if applicable and that I will be provided with those results.

- Yes
 No

Blood Pressure:I understand that my child (age 3 and older) will receive a blood pressure screening within the first 45 days of his/her entry to the classroom if applicable and that I will be provided with those results.

- Yes
 No

Growth Assessment:I understand that my child will have his/her height measured and weight taken if applicable during my child's enrollment and that I will be provided with those results.

- Yes
 No

Speech/Language Screening:I understand that my child will receive a speech/language screening within the first 45 days of his/her entry to the classroom and that I will be provided with those results.

- Yes
 No

Developmental and Behavioral Screening/Assessment:I understand that my child will receive a developmental and behavioral screening/assessment within the first 45 days of his/her entry to the classroom and that I will be provided with those results.

- Yes
 No

Classroom Observation:I understand that my child's class will receive a mental health classroom observation by a Behavioral Intervention Specialist. This observation will provide recommendations that promote positive adult-child interactions.

- Yes
 No

Photo/Video/Social Media Release:I give my permission for my child and/or myself to be photographed and/or have video taken for the purpose of publicity of the OVEC Head Start / Early Head Start / Child Care Partners program and internal/external training of staff and parents.

- Yes
 No

Parent/Guardian Right to Review Child's File:I have the right to review his/her records at any time during my child's enrollment, upon my request. I also have the right to make changes to my child's file if necessary.

- Yes
 No

LGMS 4.1b

Parent Committee and Policy Council: The structure, composition, functions and responsibilities of the Parent Committee and Head Start Policy Council was explained to me. I am now aware of the role of parents in the program and the four primary types of parent involvement and participation. I understand Head Start/Early Head Start has an "OPEN DOOR" policy and encourages my involvement in the program.

- Yes
- No

Monthly Parent Newsletter: I understand I will receive a Monthly Parent Newsletter, which will consist of parent/child activities for use at home that will reinforce and support my child's total Head Start experience.

- Yes
- No

Volunteer/In-Kind: The method for recording Volunteer/In-Kind hours has been explained to me.

- Yes
- No

Community Resource Handbook: I understand that I will receive a copy of the OVEC HS/EHS Community Resource Handbook and have been instructed on how to use it to access national, state and local resources that may be beneficial to my family and me.

- Yes
- No

Family and Volunteer Handbook: I understand that I will receive a copy of the "OVEC Head Start/Early Head Start Family Handbook" which details policies discussed during Parent Orientation such as Attendance, Absence Notification, Center Hours, Consequences of late pick-ups, Confidentiality of Personal Identifiable Information and Sick Child Policies.

- Yes
- No

Transportation Waiver: In consideration of any transportation services that may be provided to me by the HEAD START Program or Staff Member and/or a contractor thereto, I hereby freely agree to and make the following contractual representations and agreements: 1. Any transportation services provided to me are solely for my convenience and benefit. 2. I fully assume any and all risks associated with the providing of such transportation services to me, both on my own behalf and on behalf of any of my minor children (or any minor child over whom I have care or custody). 3. I understand that I am solely responsible to ensure my own safety as well as that of any minor children in my care or custody while benefiting from transportation services that may be provided to me. 4. I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest (hereafter collectively referred to as successors) any and all rights and claims which I have or which may hereafter accrue to me against the Ohio Valley Educational Cooperative or any person/school district acting on its behalf, for any damages which may be sustained by me directly or indirectly with, or arising out of, my acceptance of gratuitous transportation services provided to me by the Local School District or the Ohio Valley Educational Cooperative Staff. 5. I agree, for myself and successors, that the above representations are contractually binding and that if I contravene this agreement, I or my successors shall be liable for any expenses (including legal fees) in defending against such claims, unless there is a final adjudication against the Local School District or the Ohio Valley Educational Cooperative.

- Yes
- No

LGMS 4.1b

Parent Permission to Transfer File to School System:I give my permission for OVEC Head Start to release COPIES of the following information on my child to the above named school system at the end of the school year. I also understand that I have the right to challenge and/or revoke my consent (in writing) for information to be shared.1. School Medical/Physical Form2. Immunization Certificate3. Certified Birth Certificate (if available)4. Developmental Screening (Profile Sheet only)5. Individual Health Plan (Allergy, Asthma, Seizures, etc)6. Eye Exam7. Dental Exam8. Custodial/Guardianship paperwork

- Yes
- No

School District

- Bullitt County Schools
- Eminence Independent Schools
- Frankfort Independent Schools
- Franklin County Schools
- Gallatin County Schools
- Henry County Schools
- Jefferson County Schools
- Oldham County Schools
- Other
- Owen County Schools
- Shelby County Schools
- Spencer County Schools
- Trimble County Schools

Classroom Pets:According to State License Regulation 922 KAR 2:120 Section 13. Animals, parental consent is required to have any type of animal in the classroom which may include the following: Fish, Hermit Crabs, Hamster, Crickets, Earthworms, Other. I give permission for my child to attend OVEC Head Start/Early Head Start with pets in the classroom.

- Yes
- No

Toothpaste Permission:I give permission for center staff to apply a “rice-sized” smear of children’s fluoride toothpaste to my child’s individual toothbrush for daily brushing.

- Yes
- No

Stroller Rides/Nature Walks:I give my permission for my child to go on stroller rides/nature walks while attending the OVEC Early Head Start / Head Start Program.

- Yes
- No

Release to Participate:I give permission for my child to go (walk) to other areas on the school premises. My child is also allowed to participate in programming and activities provided by staff from the licensed child care program or school personnel upon the discretion of the staff. Supervision must be maintained by a qualified adult staff at all times. Programming options on the premises may include but is not limited to: the cafeteria, athletic fields, Chapel, Library, Music Room, Computer Lab, parking lot, large open field behind the building.

- Yes
- No

Curriculum:The Head Start / Early Head Start staff have discussed the Curriculum that is utilized by OVEC Head Start / Early Head Start which include but are not limited to Creative Curriculum, Partners for a Healthy Baby, Second Steps, Ready Rosie, Small Wonders, LEAP, IMIL Initiatives, and Second Steps Child Protection Unit. By enrolling my child in the OVEC Head Start / Early Head Start program, I am giving my permission for my child to participate fully in the curriculum.

- Yes
- No

LGMS 4.1b

Integrated Pest Management in Facilities: This facility has implemented and Integrated Pest Management (IPM) program in order to control pests in a way that minimizes economic, health, and environmental risks by implementing an inspection and monitoring program. The findings will then be evaluated to determine what action to take next, including the judicious use of pesticides. If a pesticide application is determined to be needed, those individuals making the application would be required to be properly certified and licensed in keeping with applicable legal requirements for the IPM program. Please indicate below if you want to be notified twenty-four (24) hours in advance of a planned pesticide application. Certain pesticide applications, such as the application of paste or gel bait insecticides, do not require notification of planned application. In the case of an emergency pesticide application, you will be notified as soon as possible after the application with an explanation as to why the application was made. This information is available to all parents and employees requesting it. For questions regarding the Integrated Pest Management program, contact the LAM at your child's site.

- No, I do not want to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency
- Yes, I would like to be notified 24 hours in advance of a planned pesticide application or as soon as possible after an emergency

Emergency Medical/Dental Treatment: In case of accident or illness: Should my child become ill during the time that he/she is in the care of the OVEC Head Start Center or suffer an accident of any character, the Center shall undertake to contact me immediately. In the event the Center is unable to reach me immediately, it shall be authorized to secure medical/dental attention and care for my child as may be necessary, including 911 transportation. The purpose of this consent form has been explained to me.

- Yes
- No

Center Name:

Agency	Site
<input type="text"/>	<input type="text"/>

Hospital Preference (if needed):	Hospital Phone #
<input type="text"/>	<input type="text"/>

Pediatrician/Family Doctor:	Pediatrician/Family Doctor Phone #
<input type="text"/>	<input type="text"/>

I would like to receive all information (notices, newsletters, etc) via text or email whenever possible.

- Yes
- No

Cell Phone (able to receive texts)	Email Address
<input type="text"/>	<input type="text"/>

Signatures

Parent/Guardian Signature:	Date:	Parent/Guardian Name (Print Name)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Head Start Staff Signature	Date:	Name of Staff Signing Form
<input type="text"/>	<input type="text"/>	<input type="text"/>