

## Parent / Guardian Authorizations

Head Start, GSRP, and Early Head Start provide many different services to children and families to help prepare children for Kindergarten success. Advance authorization is needed for the following actions and services:

- Yes \_\_\_ No \_\_\_ Health procedures by trained staff or outside agency personnel that may include height and weight measurements, blood pressure reading, testing for hearing, vision, hemoglobin, temperature checks, and dental screening. None of these procedures involve the drawing of blood. Employees of Public Health - Muskegon County & District Health Department #10 have permission to screen my child for hearing and/or vision and bill Medicaid if applicable.
- Yes \_\_\_ No \_\_\_ A blood lead test by trained staff or outside agency personnel involving a slight poke to the child's finger to draw one or two droplets of blood. The child's blood lead test results, including limited personally identifiable information regarding the child, will be transmitted to the Michigan Care Improvement Registry database at the Michigan Department of Health and Human Services.
- Yes \_\_\_ No \_\_\_ My child's immunization record may be released to the Michigan Department of Health and Human Services and/or local health department which includes limited personally identifiable information regarding your child. This information will be used to improve the quality and timeliness of immunization services and assist schools in complying with Michigan law.
- Yes \_\_\_ No \_\_\_ Developmental, mental health, behavioral, and/or educational observations, screenings, assessments and consultation services by school staff or outside agency personnel.
- Yes \_\_\_ No \_\_\_ Exchange child-related information with public schools, community agencies including the MAISD and WSESD, health, mental health, and dental care providers, and the U.S. Department of Health and Human Services for income verification/program participation purposes.
- Yes \_\_\_ No \_\_\_ Exchange child-related information, including but not limited to child assessment and health information, with another school as the child transfers to another early childhood program or transitions from pre-school into Kindergarten.
- Yes \_\_\_ No \_\_\_ Transportation of my child(ren) for what is to be considered routine program operations, such as picking up or dropping off a child from school, field trips, agency appointments, and health visits. A parent or guardian must accompany the child when transporting for an appointment/health visit.
- Yes \_\_\_ No \_\_\_ Program use of photographs, videos, and/or other media of child for news stories, advertising, staff training, and media-related purposes. Child names or other identifying information will not be used without further permission. I understand other parents may take pictures or video during school events which is outside of the control of school staff.

I agree to the above statements and give authorization to program staff and outside agency personnel to provide the services and child information identified above.

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Child's Name **(Please print clearly)**

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Child's Date of Birth

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Parent/Guardian Signature

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Date of Signature

Program Year: 2023-2024