I-CARE, Inc.
Child Development Permit and Agreement Form

I agree or permit:
That my child_____, may participate in the following health activities, if missing from child's physical or physical expires: **(I understand that there will be no charge to me for these services and I may accompany my child to any of these activities)**

- Vision Screening Yes ☐ No ☐
- Hearing Screening Yes ☐ No ☐
- Growth Assessment Yes ☐ No ☐
- Dental Screening Yes ☐ No ☐ decline services _____ _____
  (If declining services please date and sign) (1st decline)
- Blood Pressure Yes ☐ No ☐
- Brushing teeth once daily with a pea sized amount of toothpaste that contains fluoride.
  Yes ☐ No ☐

Please initial each box below

☐ I understand the center staff will secure needed emergency medical care in case of emergency when I cannot be contacted.

☐ I understand my child may participate in mental health observations conducted by our mental health contractor, for the purpose of group (classroom) observations or individual observations based on behavior to establish strategies for classroom staff, education manager or families. If individual observations are needed for your child a separate permission form will be presented to family prior to observation.

☐ I understand my child will have a Development Screening upon entry into program and an Assessment completed quarterly to determine developmental needs or concerns.

☐ I understand that my child will be in attendance in the program every day that he /she is able from _____a.m. to_____ p.m.

☐ I understand it is the parent/guardian responsibility to call the center when child will be absent within the first hour of the program day or arriving late. Failure to do so or repeated absences, may cause child to lose enrollment slot. (See parent handbook)

☐ I understand that my child may go on field trips taken by the program, provided that I have signed a field trip permission form and received information about the specific trip, date, destination, time of departure and return prior to the field trip being taken. I understand that children will be accompanied by lead teachers, teachers, volunteers, and other Head Start staff, if needed and that I may choose to attend also.

☐ I understand that my child will be engaged in developmentally appropriate supervised activities outside the fenced areas at the discretion of teaching staff.

I give I-CARE, Inc. has my permission to copyright and/or publish pictures or videos of my child for the promotion of Head Start educational services. Yes ☐ No ☐

I will attempt to attend and participate in center parent meetings, child and parent engagement activities and volunteer when my schedule allows. Yes ☐ No ☐

☐ I understand that I have the right to review records maintained on my family, dispute or correct any information I feel to be incorrect. I understand the information provided above will remain strictly confidential. I also understand that this Child Development Permit and Agreement Form may be revoked upon my written request.

_____ _____ _____
Parent/Guardian Signature Date Interviewer