



Consents and Permissions

Child's Name: _____

Birthdate: _____

By initialing the following I give my consent/permissions. I understand if I change my mind I must withdrawal my consent(s) and permission(s) in writing to Kids Central, Inc.

CONSENTS FOR SCREENINGS:

Please initial beside each box:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hemoglobin Screening (HGB)
<input type="checkbox"/> Hearing	<input type="checkbox"/> Behavioral Health Consultation
<input type="checkbox"/> Heights/Weights	<input type="checkbox"/> Developmental Screenings
<input type="checkbox"/> Diaper Rash Ointment, if applicable	

PERMISSIONS/AGREEMENTS:

Initials

If I am notified that my child is sick I agree to pick up my child as soon as possible.

I will notify Kids Central Staff within 24 hours if my child/family member has a communicable disease.

I give permission for Kids Central, Inc. staff to apply sunscreen as needed to my child. Note here if your child has any adverse reactions to sunscreen: _____.

During my child's transition process, I give Kids Central, Inc. staff permission to share information (e.g. health records, development screenings and assessments, mental health records) about my child with local school systems such as The City of Norton Public Schools, Wise County Public Schools, and/or Dickenson County Public Schools.

I agree to allow photography/videotaping of my child for classroom use, Kids Central, Inc. website, Kids Central social media pages, and/or other publicity materials.

EMERGENCY MEDICAL CARE:

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Kids Central, Inc., or their designated staff member, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature

Teacher's Signature

Date