



Spokane County Head Start /ECEAP/EHS AGREEMENT FORM

Child's name _____ Birth date _____

I GIVE MY PERMISSION FOR MY CHILD TO:

YES NO

1. Have routine screenings (developmental, behavioral and general mental health observations) given as part of the school program.
2. Have routine health screenings (vision, hearing and growth assessment).
3. Brush teeth with a small smear of fluoride toothpaste.
4. Have their photographs and videos used for newspaper, electronic media (program Facebook, Instagram, Twitter) and educational displays.
5. Have their photographs and videos used in the classroom.

I AGREE THAT:

YES NO

1. I agree that personal cell phone/camera/text use is prohibited in the classroom and during scheduled center activities, except for emergencies.
2. My child will receive immunizations as required by state law.
3. My child will have physical and dental examinations.
4. I have received the child blood lead level handout.
5. I have received a copy of the HS/E/EHS fluoride information handout.
6. My child will have regular classroom attendance or attend agreed upon HS/E/EHS activities. I will call the site if absent. **She/he will arrive and be picked up on time.**
7. Site staff may make home visits at my convenience. It is my responsibility to keep scheduled appointments.
8. I will provide transportation to and from HS/E/EHS.
9. (ECEAP Only) Transportation provided by approved district transportation department requires a separate permission slip signed by the guardian and is kept in the child file.
10. I have received copies of the HS/E/EHS Notice of Privacy Practices and Parent Handbook.
11. I understand that I will be provided access to the Center Disaster Plan and pesticide use information by center staff.
12. Information has been shared with me about HS/E/EHS's policies and procedures, philosophy, and facilities.
13. N/A I will notify HS/E/EHS immediately of the registered sex offender status of anyone, including myself, who may access program premises or activities.
14. Head Start/E/EHS may send email. HS/EHS may send text.
15. My child and I may receive mental health consultation services.

Signature of parent or guardian _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING