



Spokane County Head Start/ECEAP/EHS AGREEMENT FORM

Child's name _____ Birth date _____

I GIVE MY PERMISSION FOR MY CHILD TO:

YES NO

- Have routine screenings (developmental, behavioral and general mental health observations) given as part of the school program.
- Have routine health screenings (vision, hearing and growth assessment).
- Brush teeth with a small smear of fluoride toothpaste.
- Have photographs and videos used for newspaper, TV and educational displays.
- Have photographs and videos used in the classroom.

I AGREE THAT:

YES NO

- My child will receive immunizations as required by state law.
- My child will have physical and dental examinations.
- I have received the child blood lead level handout.
- I have received a copy of the HS/E/EHS fluoride information handout.
- 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.**
- Site staff may make home visits at my convenience. It is my responsibility to keep scheduled appointments.
- I will provide transportation to and from HS/E/EHS.
- I would like to be called about special HS/E/EHS events and activities. A volunteer may call as part of the parent "phone tree."
- I have received a copy of the HS/E/EHS Notice of Privacy Practices.
- Information has been shared with me about HS/E/EHS's policies and procedures, philosophy, and facilities.

Signature of parent or guardian _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING