GENERAL CONSENT FORM

In consideration for CPCD & Early Connections Learning Centers' enrollment of my child in its programs, I agree to the following:

1.	Consent	for	Health	Screening
1.	COHSCHI	1171	HEARIN	OCICCIIIIS

I hereby authorize and request Early Connections Learning Centers and CPCD to provide the examinations described below to my child, unless I have refused them by checking "No" next to the examination.

			RNING CENTER				
	YES	NO	Examination				
	1. □ 2. □		Hearing Scr		ion's Club camera scr	aan)	
	2. □ 3. □			Weight Measurem		(CCII)	
	4. □		Dental Scree		21113		
	5.			ntal Screening			
	6.			guage/OT/PT Scre	ening		
					lled in Head Start, of his examination by C		ges, whose parents consent.
2.	I hereby consenmarketing mater	t to the use of quo	it not limited to: pr	hs or videos of my			Connections Learning Center PCD and Early Connections
	YES	□ NO □					
3.	Consent for use I hereby give co activities are pla	onsent for Early C	onnections Learnin	ng Centers staff to	apply sunscreen to my	y child on an as	needed basis, when outdoor
	YES	□ NO □ If no	o, parents are requ	iired to provide a	lternate sun protecti	ions (long sleev	es, hats, pants)
4.		-		ng Centers staff to	apply insect repellent	to my child on	an as needed basis, when
	YES	□ NO □					
5.	I hereby give co request.	e of lotion, creamonsent for Early C		ng Centers staff to	apply lotion, creams,	and/or lip balm	to my child upon paernt
6.	I hereby give co in the Colorado	Results Matter D	onnections to incluate Base. The miss	ion of the Results		positively influe	ent system and include the data nce the lives of children and policy.
	YES	□ NO □					
7.	condition that w	ermission for Earl yould affect his pa		room activities. Th	ese conditions would		y child's health needs, or any t be limited to: allergies
	YES	□ NO □					
	Please indicate	names or function	ns of individuals au	thorized to have a	cess to health inform	ation about you	r child:
	☐ Teachers ☐	Center Administ	ration Early C	onnections Learnin	ng Centers Medical St	taff Other_	
I autho	rize all activities or	r examinations ab	ove <u>except</u> those w	here I have check	ed "NO".		
Name	of child			Signature	of Early Connections	Learning Center	rs Staff
Signat	ure of Parent/Gua	ardian	 Date	Print Par	ent/Guardian Name		Date