



The Chickasaw Nation Head Start Parent Consent Form

Please initial the appropriate yes or no blank, then sign and date at the bottom. The form will be notarized.

I, parent/guardian of _____ hereby give permission to the Chickasaw Nation Head Start program:

To transport my child for any medical/dental care or treatment he/she might need, including immunization, doctor appointments and for any emergency medical and/or dental care he/she might need as a result of an accident _____ Yes _____ No

To transport my child to and from the Head Start center for field trips scheduled by the program _____ Yes _____ No

To photograph and use my son/daughter and family's photos in any publications of the Chickasaw Nation _____ Yes _____ No

To obtain information and records from the public school my child is or will be attending to observe his/her progress in public school (it is a requirement of the Head Start Federal Performance Standards that we track our students' progress during their school years). _____ Yes _____ No

To participate in several types of screenings regarding their general health and development (you will be notified of the results of the screenings and of any follow-up treatment that may be needed) _____ Yes _____ No

These screenings may include any or all of the following:

- General information screening
- Health history
- Physical examination by a doctor
- Height and weight measurement
- Blood pressure check
- Hearing screening
- Vision acuity screening/strabismus
- Dental exam
- Nutrition screening/assessment
- Developmental hematocrit/hemoglobin
- Lead
- Lift the Lip
- Screening/DIAL
- Speech/language screening
- Mental health observations/screening

In the event the Chickasaw Nation Division of Education receives a dangerous weather notice, facility employees will route children to the protected areas. The children will remain in those areas until the Chickasaw Nation Division of Education receives notice from the Lighthorse Police Department that it is safe to leave the protected areas. It would be potentially hazardous to your children, other children and facility employees to allow children to leave the protected areas during the course of dangerous weather. Therefore, it is the policy of the Chickasaw Nation Division of Education that children will not be released to parents or guardians during periods of dangerous weather, if those children are already in protected areas.

I UNDERSTAND THAT THE CHICKASAW NATION DIVISION OF EDUCATION WILL NOT RELEASE CHILDREN FROM PROTECTED AREAS DURING PERIODS OF DANGEROUS WEATHER, AND I FURTHER WAIVE THE RIGHT TO SUE FOR ANY SUCH CONDUCT.

_____ Yes _____ No



Signature of parent or guardian

Date

State of Oklahoma _____)
County of _____)

Signed before me on _____, 20__

By _____

Identification: _____

My commission expires: _____

My commission no.: _____

Notary Public