



EARLY CHILDHOOD SCREENING-parent consent

Early Childhood Screening Includes;

- Review of immunizations
- Growth check (height and weight)
- Screening for vision and eye health
- Screening for hearing
- Screening of general development
- Information about health care and insurance
- Review of factors that influence health, growth and development
- Health and development history from parent/ guardian
- Discussion of resources in your school and community based on screening information.

(This screening does not replace on-going care from your health care provider/ dentist/ vision care provider)

Child and Parent Rights, Obligations and Assurances

1. The standards for screening are the same for every child regardless of race, income, creed, sex, national origin or political beliefs.
2. Screening is required for you child's entry into the public school kindergarten or first grade. This requirement is met if your child has participated in a screening through Head Start, Child and Tee checkups or equivalent screening through another provider within the past year. The screening summary results must be given to our child's school district.
3. Screening is not required if you are a conscientious objector to screening.
4. You have the right to refuse any of this screening for your child and still receive any of the other screening parts.
5. You have the right to refuse referral for assessment, diagnosis and possible treatment for your child.
6. Your child's medical assistance eligibility or eligibility in any other health, education or social service programs will not be affected if you refuse this screening or any parts of this screening.

I give permission for Early Childhood Screening for _____ (child's name)
 ___ Complete screening as described above ___ Screening described above except: _____
 Parent/ Guardian Signature _____ Date _____ Relationship to child _____

Consent to Release Information

Hopkins Early Childhood Screening uses Screening information to identify any possible problems that might interfere with your child's health, growth, development or learning. Under Minnesota law, screening results are classified as private data. The results cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education or social service program.

Information may be used for the following purposes:

1. To obtain follow-up services for your child after the screening.
2. To arrange for further evaluation or assessment of your child's health, growth, development or learning.
3. To fulfill the requirements for your child's entrance into public school.
4. To evaluate screening programs by the Minnesota Department of Health, Minnesota Department of Education and/ or the Department of Human Services. Your child's name will not be identified in any evaluation results.

I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation, assessment, diagnosis, treatment, follow-up, and/ or programming.

___ Early Childhood Family Education, Early Childhood Special Education, School Readiness

___ School District

___ Other: _____

Parent/ Guardian Signature _____ Date _____ Relationship to child _____