Early Childhood Screening Consent

Child's Name:_____ Birthdate:_____

MARSS other ID:_____ Parent/Guardian Name(s):_____

Early childhood developmental screening helps a school district identify children who may benefit from district and community resources available to help in their development. Early childhood developmental screening includes a vision screening that helps detect potential eye problems but is not a substitute for a comprehensive eye exam. This screening does not replace on-going care from your health care provider or dentist. Screening data collected is private so it may only be shared with anyone listed on the release of information; school district staff with a legitimate educational need to know; by court order; or with others as required by law, including the state or legislative auditor.

This Screening includes:

☐ Review of your child's immunization record
☐ Check your child's growth, such as height and weight
☐ Check for possible hearing problems
☐ Check for eye health, including how well your child can see
☐ Review of factors that might interfere with your child's health, growth, development or learning
☐ Check your child's development
☐ Your report of your child's growth and learning including emotional and behavior status
☐ Information about your child's health care and insurance
☐ Information about community resources and programs based on your child's or family's needs

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 belief.
2. Screening is required for your child's entry into public school kindergarten or first grade. You can also meet this requirement if your child has participated in a screening in the past year through Head Start, Child and Teen Checkups, or an equivalent developmental screening through another health provider that includes all required early childhood screening components. You or your provider will need to give summary results of the equivalent to your child's school district.
3. Screening is not required for your child's entry into kindergarten or first grade if you are a conscientious objector to screening. You will need to provide a written statement to your child's school district that documents your conscientious objector status.
4. You have the right to refuse to answer questions or provide information and still receive the rest of the required screening components.
5. You have the right to refuse an 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 to complete screening for (Child's Name)

_____

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____