

AUTHORIZATION FORM

Parent Initials

I agree to permit:	Health services:	Yes	No
<p>That my child: _____ may participate in the Health Services listed.</p> <p>I understand that there will be no charge for any of the Health Services that are performed by NINOS, Inc.</p> <p>I understand that I may accompany my child to any of these activities:</p>	<p>Daily health check Immunizations Dental screening Hearing/Vision screening Mental Health Observation Physical Exam Hemoglobin /Hematocrit T.B. test Lead test Measurement Assessments</p>	<p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>	<p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>
<p>The center staff are authorized to secure (in cases of illness) medical care for my child when I cannot be contacted.</p> <p>My preferred choice is:</p> <p>Hospital or Doctor/Clinic _____</p> <p>Doctor/Clinic phone # _____ Address: _____</p> <p>My child has the following illnesses, allergies and or is taking the following long term use medication:</p> <p>_____</p>			
<p>I hereby authorize the release of medical information to Head Start/Early Head Start staff for the purpose of ensuring optimal health status of my child.</p>			
<p>I hereby authorize center staff to apply insect repellent spray to my child for the purpose of preventing insect bites and preventing the spread of disease.</p>			
<p>I hereby authorize center staff to conduct nature walks. (Weather Permitting)</p>			
<p>NINOS, Inc has my permission to copyright and/or publish the photographic portraits/videos of my child. I agree that any such photographs/videos become the exclusive property of NINOS, Inc., and I waive all rights thereto. I waive all rights to inspect and/or approve copies that may be used in conjunction with the photograph/video and the use to which it may be applied. The photograph/video in whole, part, or composite, may be used as the program sees fit in publication of educational material and the advertising thereof and for any other lawful purpose.</p>			
<p>My child may go on field trips taken by the program, provided that I have received information about the specific trip, date, destination, time of departure and return prior to each trip. I understand that children will be accompanied by teachers, teacher aides, and volunteers.</p>			
<p>If center provides transportation and my child qualifies to receive it, he/she will be picked up at the following Address: _____ between _____ a.m./p.m. and _____ a.m./p.m., and return to the same address between _____ a.m./p.m. and _____ a.m./p.m..</p>			
<p>I understand that in case that I cannot drop off or pick up my child, he/she must be dropped off or picked up only by authorized persons on this form who are no younger than 18 yrs old. I also understand that the center will accept additions to the authorization only through this form.</p>			
Name:	Address:		
Phone #:	Relationship:		
Name:	Address:		
Phone #:	Relationship:		
Name:	Address:		
Phone #:	Relationship:		

I (we) hereby release NINOS, Inc. from all legal responsibility or liability that may arise. I (we) have authorized the above. I (we) accept the policies NINOS Inc. and release it from any liability for illness, injury, or death. I (we) understand that the information above will remain strictly confidential.

Signature of Parent/Guardian – Date

Signature of Employee – Date