

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the center's employees. Check all that apply.

- for emergency care on field trips to and from home to and from school

2. Field Trips:

- I give consent for my child to participate in the field trip I do not give consent for my child to participate in field trips

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

- water table play sprinkler play

Is your child able to swim without assistance?

- Yes No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

- Yes No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

- Yes No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Health Services:

I give consent for my child to participate in the following health services performed by NINOS, Inc. I understand that these services will be provided at no cost, and I may accompany my child to any of these activities:

- Daily Health Check Immunizations Dental Screening Hearing/Vision Screenings Mental Health Observations
 Physical Exam T.B. Test Lead Test Hemoglobin/Hematocrit Measurement Assessments

5. Medical Release:

I authorize the release of medical information to NINOS, Inc. Head Start and Early Head Start staff to ensure my child's optimal health status.

- Yes No

6. Insect Repellent:

I authorize center staff to apply insect repellent spray to my child to prevent insect bites and the spread of disease.

- Yes No

7. Nature Walks:

I give consent for my child to participate in nature walks, weather permitting.

- Yes No

8. Photo/Video Release:

I give consent for NINOS, Inc. to copyright and/or publish photographic portraits or videos of my child. I understand that all such photographs and videos become the exclusive property of NINOS, Inc., and I waive any rights of ownership, inspection, or approval of the final product or its application. I acknowledge that these photographs or videos, whether in whole, part, or composite form, may be used by NINOS, Inc. at its discretion for educational materials, advertising, or any other lawful purpose.

- Yes No

9. Receipt and Acknowledgment of Written Operational Policies and Procedures:

I acknowledge receipt of the facility's operational policies and procedures. By initialing beside each item, I indicate that I have been provided copies, explained, and understand the following forms, policies, and procedures, including the Operational Manual and Handbook.

- | | |
|---|---|
| <input type="checkbox"/> Personal Identifiable Information (PII) Procedures | <input type="checkbox"/> Parent Rights |
| <input type="checkbox"/> Join Texas WIC | <input type="checkbox"/> Parent Grievance Procedures |
| <input type="checkbox"/> Building for the Future | <input type="checkbox"/> Licensing Inspection Reports |
| <input type="checkbox"/> And Justice for All | <input type="checkbox"/> Security Video |
| <input type="checkbox"/> Hours, Days, and Months of Operations | <input type="checkbox"/> Parent Questions and Concerns |
| <input type="checkbox"/> Release of Children | <input type="checkbox"/> Parent Participation |
| <input type="checkbox"/> Illness and Exclusion | <input type="checkbox"/> Contact Information to the Licensing Office |
| <input type="checkbox"/> Dispensing of Medications | <input type="checkbox"/> Emergency Preparedness Plan |
| <input type="checkbox"/> Medical Emergency Procedures | <input type="checkbox"/> Breastfeeding Area or Formula Feeding |
| <input type="checkbox"/> Parental Notification | <input type="checkbox"/> Preventing and Responding to Abuse and Neglect of Children |
| <input type="checkbox"/> Discipline and Guidance | <input type="checkbox"/> Daily Health Checks |
| <input type="checkbox"/> Suspension and Exclusion | <input type="checkbox"/> Vaccine-Preventable Diseases for Employees |
| <input type="checkbox"/> Basic Requirements for Infants-Safe Sleep | <input type="checkbox"/> Epinephrine Auto-Injectors |
| <input type="checkbox"/> Meals and Food Services | <input type="checkbox"/> Inclusive Service to Children with Special Needs |
| <input type="checkbox"/> Immunizations and Tuberculin Testing Requirements | <input type="checkbox"/> Gang Free-Zone Information |
| <input type="checkbox"/> Hearing and Vision Screenings | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Enrollment Procedures | <input type="checkbox"/> Change of Clothing |
| <input type="checkbox"/> Transportation Procedures | <input type="checkbox"/> Drop-Off and Pick-Up |
| <input type="checkbox"/> Water Activities | <input type="checkbox"/> Diapering Procedures |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Request of Documents/Personal Identifiable Information |
| <input type="checkbox"/> Animal/Pets | <input type="checkbox"/> Education and Child Development |
| <input type="checkbox"/> Promotion of Indoor and Outdoor Physical Activity | <input type="checkbox"/> Family Engagement |
| <input type="checkbox"/> Application of Insect Repellant and Sunscreen | |

10. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at NINOS, Inc.

Signature – Parent or Legal Guardian

Date Signed

11. Medical Home and Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
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Name of Medical Care Facility

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian

Date Signed

12. Dental Home

Name of Dentist or Facility	Address	Area Code and Phone No.
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Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food Intolerances | <input type="checkbox"/> Reasonable accommodation or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, including instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms of indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous log |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Requirement for Exclusion from Compliance

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right eye 20/____ Left Eye 20/____ Pass Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature

Date Signed

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [_____] and does not need varicella vaccine.

Signature

Date Signed

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

Positive Negative Date: _____

Lead Test if required

Completed Not Completed Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Gun Free Zone

Firearms are not allowed on the premises of a licensed childcare facility, even if the individual has a concealed handgun license (CHL) or license to carry (LTC). Texas Penal Code 30.06

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- My child has been examined with the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected	Address of Health Care Professional if selected
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Signature – Health Care Professional

Date Signed

Signature – Parent or Legal Guardian

Date Signed

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed