

# PARENT CONSENT

## CHILD HEALTH AND DEVELOPMENTAL SCREENING

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

(For office use only)

Child/Student MARSS ID or Record #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**A. This screening includes:**

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

**B. If this screening is a Child and Teen Checkup, Head Start, or other equivalent screening it may also include:**

- Check of your child's present, past or other family health
- Check of your child's pulse, respiration and blood pressure
- Unclothed physical screening of your child's skin, head, eyes, ears, nose, throat, mouth, neck, chest, heart, lungs, abdomen, genitals, arms, legs, spine and muscles
- Check of your child's teeth, gums and mouth
- Test for exposure to tuberculosis
- Urine tests for possible problems
- Blood test for anemia
- Blood test for lead
- Other: (Describe) \_\_\_\_\_

**This screening DOES NOT replace on-going care from your health care provider or dentist.**

### 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 your child's entry into public school kindergarten or first grade. This requirement is met if your child has participated in a screening through Head Start, Child and Teen Checkups or equivalent screening through another provider that includes all required Early Childhood Screening (ECS) component within the past year. The screening summary results from another provider must be given 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.

4. You have the right to refuse any of the screening for your child and still receive any of the other screening parts.
5. You have the right to refuse 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 the Child Health and Developmental Screening checked below for:**

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*(Child's Name)*

**Check one:**

Complete screening as described above in A and B.

Screening described above except: \_\_\_\_\_

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Parent or Guardian Signature

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Date

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Relationship to Child