

# Early Childhood Screening Consent

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

(For office use only)

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.

## 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 your 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 of 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, respirations 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 test for possible problems
- Blood test for anemia
- Blood test for lead
- Other

## 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. 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 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 the Child Health and Development Screening checked below for:

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

Check One:

\_\_\_\_\_ Complete screening as described above in A and B

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

# Early Childhood Screening Release of Information

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

(For office use only)

MARSS other ID: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_ (This organization) uses information from the Child Health and Developmental Screening 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. This means 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. Summary data about groups of children that does not include information about individual children may be shared without consent.

## Information from Your Child's Screening May be Used for the Following Purposes:

1. To obtain follow-up services for your child after the screening, if you choose to participate.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning, if you choose to participate.
3. To fulfill the requirements for your child's entrance into public school or Early Learning Scholarship, School Readiness or Voluntary Pre-Kindergarten programs.
4. To evaluate screening programs by the Minnesota Departments of Education, Health and Human Services. Your child's name will not be identified in any evaluation results.
5. To develop appropriate educational programs to meet student needs and to design appropriate health education programs for the district.
6. To plan for early childhood programs and school entry.
7. To provide access to and accountability for government funds paid to the local school district for providing required early childhood screening services.

Your signature indicates that you have read, understand and agree that the information can be used as stated above.

## CONSENT TO RELEASE INFORMATION

I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation, assessment, diagnosis, follow-up and /or programming. (Please provide names and addresses where available).

Check any persons/agencies that you wish to receive screening information about your child.

- Child Care provider \_\_\_\_\_
- Dentist (Name) \_\_\_\_\_
- Early Childhood Family Education (ECFE) \_\_\_\_\_
- Early Childhood Special Education \_\_\_\_\_
- Follow Along Program \_\_\_\_\_
- Head Start (Name) \_\_\_\_\_
- Health Care Provider (Medical Clinic) \_\_\_\_\_
- Interagency Early Intervention Committee (IEIC) \_\_\_\_\_
- Mental Health Agency \_\_\_\_\_
- Public Health Agency (WIC) \_\_\_\_\_
- School District (Name) \_\_\_\_\_
- School Readiness \_\_\_\_\_
- Other (regionally specific programs) \_\_\_\_\_

\_\_\_\_\_ Understand Information

\_\_\_\_\_ Authorize release of information

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_