

Barrow Early Learning Center (BELC)
Consent for Screenings and Program Services

Child's Name: _____

Parent Authorizations

For Basic First Aid:

I authorize BELC staff to administer basic first aid to my child during program hours. Yes No

For Developmental Screenings:

I authorize BELC staff to conduct developmental screenings on my child to assess their stages of development. Yes No

For Classroom Observations:

I authorize my child to participate in behavioral observations in a group setting. If an individual child observation is indicated, parental authorization will be requested. Yes No

For Exchange of Information:

I agree to allow BELC staff to share my information within the NSB Health Department programs. Yes No

For Release of Contact Information:

I authorize for my phone number and email address to be released to the Parent Advisory Committee for BELC activities. Yes No

For Field Trips/Walks:

I authorize my child to participate in supervised walks to places (such as Tuzzy Library, Browerville playground, or other businesses near the Barrow Early Learning Center area). Walks will happen with this authorization, but Field Trips will require advanced written notice and a separate permission slip. Yes No

For Video Recording:

I authorize BELC staff to video record my child for classroom purposes, child observations, and/or staff trainings. Yes No

For Records:

I agree to provide BELC staff upon enrollment a copy of my child's immunization record, TB screening with results, and Medical Statement for allergies (if applicable). Yes No

I agree to provide a copy of my child's Well Child Check/Physical Examination Yes No

By signing and dating this form, I certify that the information provided on the enrollment application is true and correct. I understand that the information on the application will be held in strict confidence within the NSB Health Department.

Parent/ Guardian Signature: _____ Date: _____

I have received and reviewed the application in-person with the parent/ guardian and certify that the information provided by the parent/ guardian on the enrollment application is true and accurate.

Staff Signature: _____ Date: _____