

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 used by the BELC staff for BELC concerns.  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/Child Health Examination.

**For Preventive Medication:**

I authorize BELC staff to administer, as needed, preventative medications such as:  Yes  No

- Diaper creams       Lip balm       Calamine lotion       Baking Soda  
 Neosporin       Sunscreens       Insect repellents

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: \_\_\_\_\_