

# CONSENT INFORMATION

## PICTURE/VIDEO CONSENT

I give Park Rapids Preschool permission to take pictures and/or videos of my child and family members in the classroom or home setting. These could be used within the classroom, in newspapers, newsletters, brochures, for parent-staff observations, training, community service awareness, public relations, promotions, etc.

Please circle one:                      Yes                                      No

## CONSENT FOR CHILD TO RECEIVE SCREENINGS

I give my consent for my child to receive the following screenings (as recommended by Park Rapids staff) and I will be informed of any results which are not normal.

- \* Hearing Screening
- \* Speech and Language Screening
- \* Vision

Please circle one:                      Yes                                      No

## CONSENT TO OBTAIN/EXCHANGE CONFIDENTIAL OR PRIVATE INFORMATION

I hereby authorize release and/or exchange of information with the following persons/agencies for the purpose of programming for my child:

- \* School District
- \* Preschool Staff (Voluntary Pre-K, School Readiness/ECFE, ECSE, Head Start)

Please circle one:                      Yes                                      No

## CONSENT FOR CHILD TO ATTEND FIELD TRIPS

I grant permission for my child to attend field trips. All trips will be during the regularly scheduled school day. You will be notified of the date and location of all field trips:

Please circle one:                      Yes                                      No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_

By typing your name in the signature line, you are consenting to the information above.