



Child's Name: _____

Date of Birth: _____

Center/Provider: _____

I understand that one of the requirements of The Ohio State University Early Head Start program is for my child to receive screenings. I give permission for my child to receive the screenings listed below during the time he/she is enrolled in the program. I understand that I can revoke this permission in writing at any time. The screenings have been explained to me, and I will be informed of the results at the time the screenings take place.

Your child may receive the following screenings:

- Developmental Screen
- Behavioral Screen
- Speech Screen
- Physical Examination
- Dental Screen
- Vision Screen
- Hearing Screen

Are there any screens you do not give consent for? Yes or No

If yes, which screenings?

Parent/Guardian Signature: _____

Date: _____

(Bottom portion to be completed by EHS staff)

I, _____ (staff) have discussed the consent to screen information with the parent/guardian listed above. I believe that he/she fully understands this information and is giving informed and willing consent.

Printed Name of Staff

Date

Signature of Staff

Date

