**PARENT CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Please initial next to each item to confirm consent.**

**PARENT CONSENT FOR EMERGENCY SERVICES**

I give consent for Illinois Action for Children’s Early Learning Program’s staff to obtain any necessary medical or dental services for my child in case of emergency. This may include transportation by medical personnel (ambulance) to the nearest hospital. This does not include consent for surgical operation, except in the case of an extreme emergency and then only after every effort has been made to contact parent or guardian.

**PARENT CONSENT FOR DEVELOPMENTAL SCREENING**

I give consent to Illinois Action for Children’s Early Learning Program’s staff or contractors to provide the following required screenings, and to retain in its possession and control any records of such screening, including the screening results. I understand that I will be informed of the results of any screenings.

**Developmental Screening (ASQ-3™ and ESI-P/ESI-K)**

Tracks child’s growth and development and looks for developmental delays or problems and talks with you about any concerns you might have.

**Behavioral Screening (ASQ-SE)**

Helps to identify and address potential social-emotional challenges.

**Hearing and Vision Screening**

Periodic screening during the early childhood years will help to ensure that children are able to communicate and learn. Children need to be able to hear clearly to develop spoken language skills.

**PARENT CONSENT FOR PHOTO/MEDIA/VIDEO**

I give consent for any video and/or photographs taken of my child, when my child is enrolled in Illinois Action for Children’s Early Learning Program, to be used in print publications, online publications, presentations, websites, social media, advertisements, and other marketing and promotional tools for Illinois Action for Children. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**PARENT CONSENT FOR FIELD TRIPS**

I give consent for my child to learn outside of the classroom and attend fun, educational field trips as designated by Illinois Action for Children’s Early Learning Program. I give consent for my child to be transported, as necessary, in a safe and fully-equipped vehicle using a driver who has liability insurance and valid license and to participate in neighborhood walks with teachers.

Parent/Guardian Name­­­­­ (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_