



LEADS Program Authorization

Applicant Name: Aria McClain DOB: 11-26-13 Center: Buckeye Lake

Please read and "initial" each line for Yes or No

1. I give my consent to have my child's picture used for publication
(Agency/Center Newsletters, Reports to community, Agency/center website, Local newspaper)
Yes AP No _____
2. I give my consent to have my child's picture used for classroom/teacher use.
Yes AP No _____
3. I give my consent for my child to be included in video used by the teacher and mentor
only to evaluate teaching strategies.
Yes AP No _____
4. I give my permission for my child to receive First-Aid by LEADS staff
Yes AP No _____
5. By initialing, I am agreeing that my child may receive the following screenings: AP
 - Height & Weight Screening
 - Vision Screening
 - Hearing Screening
 - Speech & Language Screening
 - Developmental Screening
 - Social/Emotional Screening

This consent form is valid for one program year, expiring on August 31, 2019. Consent may be changed at any time by contacting your FSW.

Parent/Guardian Signature

Aria McClain

Date

07/06/18

03/2018



Community Authorization

Applicant's Name: Aria McClain

Date of Birth: _____

I give permission for LEADS to contact the provider(s) listed below and authorize them to release information to maintain the applicant's records.

Physician/Pediatrician	Dentist	OB/GYN	WIC
Health Department	Audiologist/ENT	Optometrist	Foster Care Agency
LEA/School District	Child Support Agency	Dept. Job/Family Serv.	Social Security Admin.
Other			

Signature *Justin Porek* Date 07/06/18

Office Use Only:

Provider: _____

Documents Requested: _____

Return to the Attention of: Bradley Annett, Family Service Worker
LEADS Head Start
10920 Mill Dam road, Buckeye Lake 43008
Phone: (740) 928-1123 Fax: (740) 928-1603

Thank you for your assistance in this matter. We hope to receive your response in a timely manner.