

LEADS Program Authorization

Applicant Name: Jayce Thompson DOB: 10-18-15 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 _____ No ✓ MP
2. I give my consent to have my child's picture used for classroom/teacher use.
 Yes MP 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 MP No _____
4. I give my permission for my child to receive First-Aid by LEADS staff
 Yes MP No _____
5. By initialing, I am agreeing that my child may receive the following screenings: MP
 - 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 *Julissa M. Jones* Date 7/18/18