

Tri-County Head Start/Early Head Start
Health Screenings Consent Form

Height and Weight

Head Start Performance Standards Subpart D 1302.42 B.1.i. states:

Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning any relevant nutrition-related assessment data (height, weight, etc.).

We are requesting permission to obtain your child's height and weight at the Head Start center one time during the school year within 30 days of enrollment.

Vision & Hearing Screening, Blood Pressure, Hemoglobin

Head Start Performance Standards Subpart D 1302.42 B.1.i. requires that Head Start obtains linguistically and age appropriate screening results to identify concerns regarding a child's developmental and sensory (visual and auditory) skills.

We are requesting permission to perform vision, hearing, blood pressure and Hemoglobin screening for your child at the Head Start or EHS center.

Child's Name: _____

- Yes, I give permission for my child to participate in height and weight, vision screening, hearing screening, blood pressure, and hemoglobin.
- No, I do not want my child to participate in: ___ Height ___ Weight
___ Vision ___ Hearing ___ Blood Pressure ___ Hemoglobin

School Year: **2023-2024**

Parent/Guardian Signature

Date

Staff Signature

Date

Parents: You will be given the results of the above screenings.