

HEALTH SCREENING CONSENT FORM

Through funding received from First 5 Orange County, ECLC staff will work collaboratively with both parents and professionals to provide an array of services.

ECLC will coordinate the provision of health screenings for preschool children ages <u>3 through 5</u> at no cost. Screenings may include hearing, vision, dental, and development as well as measuring the height and weight of children. Staff are available to assist you, if needed, in obtaining health insurance and other related resources. The annual screenings are not meant to substitute for your child's regular check-ups with his/her Primary Healthcare Provider (PCP). To participate in the screenings your signature is required below. We encourage all families to share screening results with your child's PCP.

If you <u>DO NOT WANT</u> your child to participate in any of the screenings, please circle the screening you <u>DO NOT</u> want your child to have: *hearing vision dental development height and weight*

For <u>data collection purposes only</u>, please circle the following:

Child's Ethnicity: American Indian/Alaskan Native Asian Pacific Islander Black/African-American White Hispanic/Latino Vietnamese Middle Eastern Mixed Race Other Prefer not to answer

Parent's Ethnicity:American Indian/Alaskan NativeAsianPacific IslanderBlack/African-AmericanWhiteHispanic/LatinoVietnameseMiddle EasternMixed RaceOtherPrefer not to answer

Child's Primary (First) Language: English Spanish Vietnamese Korean Mandarin Arabic Farsi Tagalog Other Prefer not to answer

Parent's Primary Language: English Spanish Vietnamese Korean Mandarin Arabic Farsi Tagalog Other Prefer not to answer

Child's Name___

_____Child's Date of Birth

Teacher/Classroom_____

Circle any day your child is not at ECLC: M T W Th F

If you <u>DO NOT WANT</u> your child to participate in any of the screenings, please circle the screening you <u>DO NOT</u> want your child to have: *hearing vision dental development height and weight*

I give my consent for my child to have the above mentioned health screenings. I understand I will be receiving screening results from ECLC staff. (Please sign <u>on</u> the line below and print your phone number clearly.)

Parent/legal guardian signature

Date



