

**MOUNTAINHEART COMMUNITY SERVICES, INC.
HEAD START/EARLY HEAD START**

Child's Name: _____ **Birthdate:** _____

Center: _____

Consent for Developmental Screening

I give permission and consent for MountainHeart Head Start/Early Head Start Program to provide these educational and mental health services to my child. I understand that qualified persons will conduct these services, and I will be notified of the results.

Check each line below if giving your approval.

_____ Developmental Screening and Assessment

_____ Observation in the center by a Mental Health consultant

_____ Behavioral Checklist

Consent for Publications

Check for Approval or Disapproval

I _____ (DO) _____ (DO NOT) give consent for MountainHeart Community Services, Inc. to release names, photographs, information about my family as a program participant, interview quotes, or video images to the media for the purpose of publicity or advertisement about MountainHeart Community Services, Inc. or any agency's programs or events. Furthermore, I understand that this consent includes all adults and children in the family.

I _____ (DO) _____ (DO NOT) give permission for my child and/or family members to be videotaped or audio taped.

Parent/Guardian: _____ **Date:** _____