****

**Parent/Guardian Release**

With regard to my family and my Head Start/GSRP child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission to:

Have pictures/videos and stories of my child and/or family used (check all that apply):

qClassroom/School Displays

qParent/Teacher App (Learning Genie)

qNMCAA Social Media Platforms

qRecruitment Materials

qCommunity News

qNMCAA Publications/School Newsletters

qStories for NMCAA Reports

q Private program networking Facebook groups

 

To share transition paperwork based off the GOLD assessment tool with my child’s next school setting.



Release my name, address, and/or phone number to agencies/organizations that might offer a gift to my child and/or family. (Gifts may not always be available.))



 To have my child participate in activities that involve bringing animals into the classroom

 adhering to the Animal and Pet Policy.



 For staff to use the following products with my child or in the classroom as needed. Staff will label products with the child’s full name.

 qlotion and lip balm qsunscreen qessential oils qinsect repellant qdiapering cream

Consent is voluntary and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This release will be in effect for one year from the signature date.***

To be completed at Orientation **DISTRIBUTION**: Original: Child’s File (L#2)

Reference: Licensing R400.8152, R800.8146

6/23 EHS-HS Team\ADMMI\Procedure Manual\Licensing\Parent Guardian Release