

INFORMATION COLLECTION, USE AND RELEASE CONSENT CHILD HEALTH AND DEVELOPMENTAL SCREENING

Child's Name: _____

Birthdate: _____

(For office use only)

Child/Student MARSS ID or Record #: _____

Parent/Guardian's Name: _____

_____ (this organization) uses information from the Child Health and Developmental Screening to identify any possible problems that might interfere with your child's health, growth, development or learning. Under Minnesota law screening results are classified as private data. The results cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education, or social service program.

Information may be used for the following purposes:

1. To obtain follow-up services for your child after the screening.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning.
3. To fulfill the requirements for your child's entrance into public school.
4. To evaluate screening programs by the Minnesota Departments of Health, Education, and/or the Human Services. Your child's name will not be identified in any evaluation results.

Your signature indicates that you have read, understand, and agree that the information can be used as stated above.

CONSENT TO RELEASE INFORMATION

I hereby authorize release of my child's screening information to the following checked programs or services for the purpose of evaluation, assessment, diagnosis, follow-up, and/or programming. (Please provide names and addresses where available).

Check any persons/agencies that you wish to receive screening information about your child.

- Child Care Provider
- Dentist (Name)
- Early Childhood Family Education (ECFE)
- Early Childhood Special Education
- Follow Along Program
- Head Start (Name)
- Health Care Provider (Name)
- Mental Health Agency
- Public Health Agency/WIC
- School District (Name)
- School Readiness
- Other (regionally specific programs)

I understand information

Authorize release of information

Parent /Guardian Signature: _____ Date: _____

Relationship to Child: _____