**MISSISSIPPI COUNTY, ARKANSAS, E.O.C.**

**EARLY CHILDHOOD EDUCATION DEPARTMENT**

**Consents/Permissions/Agreement Forms**

Eligible Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First M.I. Last

In giving permission for my child to be a part of the Early Head Start Program offered by MCAEOC, I understand that my child will receive services which will include a secondary developmental screening. ***The developmental screening will be administered by an Early Intervention Agency. If the child fails this screening a referral will be made to the appropriate agency with parent’s permission.*** This includes sharing of Social Security Numbers, Medicaid Numbers, and any other personal data that may be requested. I give my consent for the Battelle Developmental Intervention Agency.

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