



## **2.2 Health Consent and Acknowledgement Form** **Instruction Sheet**



### **PURPOSE STATEMENT**

The purpose of this form is to acquire parental consent and acknowledgement prior to the program conducting required screenings for the child.

### **TIMELINE**

This form will be completed during enrollment.

### **STAFF RESPONSIBLE**

Family Service Advocate, Home Visitor, Site Supervisor/Assistant Site Supervisor, Early Head Start Teacher, Home Visitor, Family Services Supervisor, Home-Based Supervisor

### **INSTRUCTIONS**

Staff fill in child's name and date of birth at the top of the form.

- The following three columns are on the form:
  - Age Column: Indicates the appropriate age, per EPSDT, when a child should receive a required screening or assessment.
  - Screenings Column: Contains the screenings or assessments to be completed while the child is in the program. Staff should read and explain the screening/assessment process to the parent/guardian.
  - Initials Column: The parent/guardian initials this column to confirm his/her consent and acknowledgement.
- Staff may use the comment area to write any additional information pertaining to the items on the form.
  - For screenings/assessments not appropriate for the child based on age ONLY, write "N/A" in the initial column.
- After staff has ensured that the parent/guardian understands all of the items discussed on the form, the parent/guardian prints his/her name, signs, and dates the form.
- Note: If at any point of the program year the parent/guardian changes his/her mind on an area of consent (to either provide consent or retract it), then a new consent form is completed and placed in front of the original document in Section 2 of the Child File.