**CAPE HEAD START**

**Screening/Exam Permission Form**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_**

**I give CAPE Head Start/ Early Head Start permission to screen my child for the following:**

**(Parents please initial by screenings/ exams you give permission for)**

**\_\_\_\_\_\_\_\_ Hearing screening**

**\_\_\_\_\_\_\_\_ Vision screening**

**\_\_\_\_\_\_\_\_ Blood pressure screening**

**\_\_\_\_\_\_\_\_ Height/weight screening**

**\_\_\_\_\_\_\_\_ School physical exam**

**\_\_\_\_\_\_\_\_ Dental screening**

**\_\_\_\_\_\_\_\_ DECA (social/emotional screening)**

**\_\_\_\_\_\_\_\_ Brigance (developmental screening)**

**Parent/Guardian name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAPE HEAD START**

**Screening/Exam Permission Form**

**Nombre de Niño(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nacimiento\_\_\_\_\_\_\_\_\_\_\_**

**Yo da permiso para CAPE Head Start/ Early Head Start examinar mi hijo(a) para siguiente:**

**(Padres por favor inicial para permiso para exámenes )**

**\_\_\_\_\_\_\_\_ Oídos**

**\_\_\_\_\_\_\_\_ Visión**

**\_\_\_\_\_\_\_\_ Prestaría Arterial**

**\_\_\_\_\_\_\_\_ Altura/Peso**

**\_\_\_\_\_\_\_\_ Escuela física examen**

**\_\_\_\_\_\_\_\_ Dental**

**\_\_\_\_\_\_\_\_ DECA (social/emocional screening)**

**\_\_\_\_\_\_\_\_ Brigance (desarrollo)**

**Padres/Guardian Nombre (Escribir en mayusculas)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Padres/Guardian Nombre (Firmar) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**