

CENTRALIA COLLEGE - CHILDREN'S LAB SCHOOL

Child Participating in the Program	Custodial Parent/Guardian	
2nd Child Participating in Program	3rd Child Participating in Program	

PERMISSION AUTHORIZATION

The provider or assistant has my permission to collect data on my child(ren) related to health/education issues. This information is used by the teachers to better understand my child and to plan individualized learning activities and weekly classroom lesson plans. The following screenings or data may be done: 1) anecdotal record keeping, 2) educational observations, 3) Dial R Developmental Screening/Ages & Stages Questionnaire, 4) Developmental Profiles. If you have any concerns or questions regarding any of the data, please contact the Children's Lab School Program Manager at 736-9391, Ext. 697.

I have read the Permission Authorization information and give the Children's Lab School Program Manager permission to arrange for or perform the above screenings on my child(ren). I understand that this authorization is valid for the current program year.

If I have any concerns or questions regarding any of the data, I will contact the Children's Lab School Program Manager at 736-9391, Ext. 697.

Custodial Parent/Guardian Signature Date

NOTIFICATION OF PRIVACY OF RECORDS AND RIGHT TO ACCESS

All information and records maintained on your child(ren) and recorded in their individual file is confidential. Information will be available only to those staff members who need this information to perform their duties. Specific parent permission is required to forward individual records to individuals or agencies outside the Children's Lab School program.

Two systems of records are maintained on children and families enrolled in the Children's Lab School: 1) Enrollment Records and 2) Health/Education Records. Custodial parents of the Children's Lab School children have rights of access to all of the above mentioned record systems.

I have read the above Notification of Privacy of Records and Right to Access and understand that my permission will be required in order for the Children's Lab School to forward individual records of my child(ren).

Custodial Parent/Guardian Signature Date