



Parent/Legal Guardian Consent Form

Please check the appropriate yes or no boxes, then sign and date at the bottom.

I, parent/legal guardian of _____ hereby give permission to the Chickasaw Nation Early Childhood program:

To transport my child for any medical/dental care or treatment they might need, including immunization, doctor appointments, and any emergency medical and/or dental care they might need as a result of an accident. I understand that if there are any expenses for treatment provided to my child, all such expenses will be borne by me. Yes No

To transport my child to and from the Early Childhood center for field trips scheduled by the Early Childhood program. Yes No

To photograph, record, film, and videotape my child during Early Childhood program activities, and to use such materials in any publications, educational materials, research, marketing, advertising, news media, and Web materials for future promotion of the Chickasaw Nation, its programs, and events. I understand and agree that such materials, including all negatives, positives, digital images, prints, recordings, or anything derived therefrom created by the Chickasaw Nation, will become and remain the sole property of the Chickasaw Nation, and I will have no right or title to such items. If I should receive any print, negative, recording, or copy, I will not authorize its use by anyone else. I will have no right of approval, no claim to any compensation, now or in the future, and no claim (including without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any uses, alteration, distortion, or illusionary effect or use in any composite form. I understand and agree that these materials may be kept on file and used for future purposes. I hereby agree to release the Chickasaw Nation from any liability arising from or in connection with the taking, use, publication, or dissemination of such materials now or in the future. Yes No

To obtain information and records from the public school my child is or will be attending to observe their progress in public school. Yes No

To participate in general health and development screenings (you will be notified of the results of the screenings and of any follow-up treatment that may be needed). Yes No

These screenings may include any or all of the following:

- General information screening
- Health history
- Physical examination by a medical provider
- Height and weight measurement
- Blood pressure check
- Hearing screening
- Vision acuity screening/strabismus
- Dental exam
- Nutrition screening/assessment
- Developmental hematocrit/hemoglobin
- Lead
- Lift the lip
- Screening
- Speech/language screening
- Mental health observations/screening

In the event the Chickasaw Nation Department of Education receives an inclement weather notice, Early Childhood program employees will route children to the protected areas. The children will remain in those areas until the Chickasaw Nation Department of Education receives notice from the Lighthorse Police Department that it is safe to leave the protected areas. It would be potentially hazardous for Early Childhood program employees to allow children to leave the protected areas during inclement weather. Therefore, it is the policy of the Chickasaw Nation Department of Education that children will not be released to parents or legal guardians during periods of inclement weather if those children are already in protected areas.

I UNDERSTAND THAT THE CHICKASAW NATION DEPARTMENT OF EDUCATION WILL NOT RELEASE CHILDREN FROM PROTECTED AREAS DURING PERIODS OF INCLEMENT WEATHER, AND I FURTHER WAIVE THE RIGHT TO SUE FOR ANY SUCH CONDUCT. Yes No

Parent/legal guardian signature

Date