



**EAST ORANGE
CHILD DEVELOPMENT CORPORATION**



682 PARK AVE • P.O.BOX 890 • EAST ORANGE, NEW JERSEY 07019

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Chairman

KAREN H. JACKSON
Executive Director

VERONICA THOMAS
Treasurer

QUILLA TALMADGE
Vice Chair Woman

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Secretary

CONSENT FORM FOR EMERGENCY TREATMENT IN PARENT ABSENCE

My consent is given to the East Orange Child Development Corporation to take my child _____ to the Hospital nearest my child's center to receive emergency treatment.

Signature of Parent/Guardian: _____

Please Print Name: _____

Date: ____ / ____ / ____

During the day I can be reach at the following numbers:

Home Number: _____

Work number: _____

Cell number: _____

If parent/guardian cannot be reach at the above numbers, a call can be made to:

Mr./Ms.: _____ at _____

Relationship to my child is: _____

EAST ORANGE CHILD DEVELOPMENT CORPORATION

P.O. BOX 890
EAST ORANGE, NEW JERSEY 07019

SCREENINGS PERMISSION FORM

CHILD'S NAME _____ SEX _____ Date of Birth ____ / ____ / ____

ADDRESS _____ PHONE #: (____) _____

I give my consent to the East Orange Child Development Corporation to screen my child for the following: height, weight, vision, hearing, speech/language and hemoglobin (when necessary).

I extend this permission form for further screenings/follow-up, treatments and transportation to and from the school.

____ / ____ / ____
DATE

PRINT PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

**EAST ORANGE CHILD DEVELOPMENT CORPORATION
P. O. BOX 890 EAST ORANGE, NJ 07019**

**PARENT/GUARDIAN PERMISSION TO REVEAL OR OBTAIN CONFIDENTIAL
INFORMATION**

I _____ give the East Orange Child Development Corp. Head Start
(parent/guardian)
Program consent to obtain from or give to _____
(name of provider and address)

_____ information about _____
(child's name) (child's DOB)
who is enrolled in the _____ site in East Orange, NJ and for whom I am legally
(specify name of site)

responsible. In granting permission, I understand that the information will be used for the benefit of the child named above and will remain confidential. This consent is valid during the child's enrollment in the program.

INFORMATION	CHECK ONE		PARENT'S/GUARDIAN'S SIGNATURE
	RELEASE	REQUEST	
Medical Records Specify			
Hospital Records Specify			
Treatment Reports			
Laboratory Reports			

I release East Orange Child Development Corp. Head Start program and its staff from any legal liability for disclosing or acquiring information which I have permitted by signing this form.

I also release the above named persons and/or agencies from any legal liability for giving information to the East Orange Child Development Corp. Head Start program for the period stated above.

Signature of Parent/Guardian: _____ Date: ____/____/____

I have explained to _____ the purpose of this release and the
(print name of parent/guardian)
disclosure which might reasonably be anticipated.

Signature of Head Start Staff _____ Date: ____/____/____

**East Orange Child Development Corporation
P.O. Box 890 - East Orange, New Jersey 07019**

Child Name: _____

Date of Birth: ____/____/____

We at East Orange Child Development Corporation – Head Start understand that some of our families visit different health care providers for various reasons. This form along with the Health Consent form will assist the Health Staff with receiving information from the Doctor/Health Provider (s) your child visited.

<u>Doctor/Health Provider's Name</u>	<u>Address</u>	<u>Phone</u>	<u>Reason for Visit</u>
i.e College Hospital Dr. Khan Any Clinic	1 Main Street 4 Anynome St. Mytown, NJ	973-555-1212 973-555-1111	Sickle Cell Screening Blood Work

Dear Parents,

Kids love playgrounds, but the playground is also a place where children can get hurt...there are a few things you should know about playgrounds play.

- **NO SANDLES**
- **NO CLOGS**
- **NO JELLIES**
- **OR ANY OTHER ORNAMENTAL SHOES THAT MAY SLIP OFF THE CHILD'S FEET**

Should not be worn on the playground.

The above-mentioned items are not safe for playground play. We believe SNEAKERS are best when outside playing.

*This year we are experiencing a number of accidents involving children with open toe shoes/sandals. So again we would like to take this time to reiterate that **SNEAKERS** are the best for keeping accidents down to a minimum and our children safe.*

*Please also remember that clothes with **DRAWSTRINGS** or **STRINGS** could get caught on equipment and cause accidents ... Please be mindful that **NECKLACES** and **OVER SIZE EARRINGS** are just as dangerous.*

THE STAFF AT EOCDC THANK YOU FOR YOUR COOPERATION.

SIGN HERE: _____ Date: ____/____/____

PARENT ACKNOWLEDGEMENT / RECEIPT

EAST ORANGE CHILD DEVELOPMENT CORPORATION
HEALTH SERVICE AREA
PARENT ORIENTATION HANDBOOK

IMPORTANT – Please read, sign, date, and return this form IMMEDIATELY to the Health Service Area staff person.

Thank You!

My signature below acknowledges that I have been informed about the Health Service Area of the East Orange Child Development Corporation/Head Start Program and that I have received a copy of the Health Service Area Parent Orientation Handbook.

Parent/Guardian Signature: _____

Date: ___/___/___

Your Child's Name _____

Your Child's Name _____

Your Child's Name _____

Please check program site: Aprea Corrina Pearly Hayes
 Harambee Norjene's Three Stages
 Zadies Early Head Start

For Office Use Only

Health Service Area Staff

Signature

_____/_____/_____
Date