



NORTHWEST REGIONAL EDUCATION SERVICE DISTRICT

Typical Peer Program
5828 NW Ray Circle
Hillsboro OR 97124
Ph:503-614-1304

ECSE Typical Peer Parent Permissions

Child's Name: _____ **Date:** _____

Parent Permission for Screening:

I give my permission for my child to be screened in order to determine whether she/he meets the criteria for enrollment in the NWRES D Early Childhood Program as a peer model. I understand that "screening" includes the *Ages & Stages Questionnaire* and/or an informal observation.

(Print Parent / Guardian name)

(Parent / Guardian signature)

I choose not to permit screening of my child.
.....

Parent Permission for Emergency Treatment:

I authorize Northwest Regional ESD or its employees to take my child to the nearest medical facility for treatment in the event of an emergency, accident or illness. This authorization permits them to secure a physician or hospital services. My insurance carrier or I will provide payment of costs incurred for these services. I recognize that this permission does not release Northwest Regional ESD employees where gross negligence is established.

(Print Parent / Guardian name)

(Parent / Guardian signature)

I choose not to permit emergency treatment for my child.
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Parent Permission for Videotaping / Photographing:

I authorize Northwest Regional ESD or its employees to reproduce my child's likeness photographically or electronically and use such reproductions for educational purposes or to be sent home with classmates in a class book. Photographs will not be used for training, or publication without explicit additional permission.

(Print Parent / Guardian name)

(Parent / Guardian signature)

I choose not to permit videotaping/ photographing of my child.