Early Childhood Learning Center
Irvine Unified School District 1 Smoketree, Irvine, CA 92604

HEALTH SCREENING CONSENT FORM

The School Readiness Nurses (SRNs) funded by the Children and Families Commission of Orange County, work collaboratively with both parents and professionals to provide an array of services. Our nurses help develop skills that build strong families with healthy children, ages 0-5, who are learning and ready for school.

The SRNs from Irvine Unified School District will be providing health screenings for preschool children at no cost. These screenings consist of hearing, vision, dental, and development as well as measuring height and weight. They are also available to assist you, if needed, in obtaining health insurance. These screenings, performed once during the school year, are not meant to substitute for your child's regular check-ups with his/her Primary Healthcare Provider (PCP). In order to complete the screenings your signature is required below. If you have any concerns about the results, it is always recommended that you consult your child's PCP.

I give my consent for my child to have the above mentioned health screenings. I understand I will be receiving screening results from the SRNs.

Parent/legal guardian signature **Date** **Phone Number**
(Please print your phone number clearly as we may need to call you regarding the results.)

*Please **circle** answer below:*

Does your child have a **pediatrician**? YES NO Does your child have a **dentist**? YES NO

Does your child have **medical** insurance? YES NO And **dental** insurance? YES NO

For data collection purposes only, please circle the following:

Child's Ethnicity: American Indian/Alaskan Native Asian Pacific Islander Black/African-American White Hispanic/Latino Vietnamese Middle Eastern Mixed Race Other Prefer not to answer

Parent's Ethnicity: American Indian/Alaskan Native Asian Pacific Islander Black/African-American White Hispanic/Latino Vietnamese Middle Eastern Mixed Race Other Prefer not to answer

Child's Primary (First) Language: English Spanish Vietnamese Korean Mandarin Arabic Farsi Tagalog Other Prefer not to answer

Parent's Primary Language: English Spanish Vietnamese Korean Mandarin Arabic Farsi Tagalog Other Prefer not to answer

Child's Name_____ **Child's Date of Birth** _____

Teacher's Name _____