



NINOS, Inc. Head Start/Early Head Start Program
P.O. Box 189 , Rio Hondo, TX 78583
Phone: (956) 399-9944 Fax: (956) 399-9966

Health Information Authorization and Confirmation

CPID: _____

Child Name: _____

DOB: _____

Center Name: _____

**We are asking that you authorize the persons or agencies named below to disclose to each other
confidential information regarding the above student.**

Medical Professional Personnel

NINOS, Inc. Head Start Personnel

Agency

NINOS, Inc. Head Start/Early Head Start
Agency

Address:

Address:

RECORDS TO BE RELEASE/DISCLOSED: Physical Exam ☐ Dental Exam ☐ Psychological Report ☐
Neurologist Report ☐ Medication List ☐ Lab Results ☐ Prescriptions ☐ Psychological ☐

Yes No

- ____ I certify that my child has been previously examined by the above medical professional personnel and is able to participate in the program.
- ____ I will provide Health Information within 45 days upon my child's enrollment, and give permission for Health Information to be confirmed by the above person(s)/agency(ies).
- ____ I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive.
(It does not negate an action that has occurred after the consent was given and before the consent was revoked.)
- ____ I give permission for the identified records to be release/disclosed to the above named person(s)/agency(ies).
- ____ I have been fully informed in my native language or other mode of communication and understand the school's request to my consent.

Parent/Guardian's Name

Relation to the Child

Parent/Guardian's Signature

Date

Name of Interpreter, if used

Interpreter's Signature

Date

Neighbors In Need Of Services, Inc. (NINOS)
Head Start/Early Head Start Program

Parent Acknowledgement Form

Child's Name _____ CPID _____ Center _____

Please initial beside each item to indicate you have been explained the following manuals and forms.

- | | |
|---|--|
| A. _____ Parent Handbook | D. _____ Building for the Future |
| B. _____ Personally Identifiable Information (PII) Procedures | E. _____ And Justice for All |
| C. _____ Join Texas WIC | D. _____ Operational Policies and Procedures (initial below 01-35) |
| 01. _____ Hours, Days, and Months of Operations | 19. _____ Procedures for applying insect repellant and sunscreen |
| 02. _____ Release of Children | 20. _____ Parents Concerns |
| 03. _____ Illness and Exclusion | 21. _____ Parent Participation |
| 04. _____ Dispensing of Medications | 22. _____ Licensing Inspection Reports |
| 05. _____ Medical Emergency Procedures | 23. _____ Contact Information to the Licensing Office |
| 06. _____ Parental Notifications | 24. _____ Emergency Preparedness Plan |
| 07. _____ Discipline and Guidance | 25. _____ Breast Milk or Formula Feeding |
| 08. _____ Suspension and exclusion of children | 26. _____ Preventing and Responding to Abuse and Neglect of Children |
| 09. _____ Basic Requirements for Infants-Safe sleep | 27. _____ Daily Health Checks |
| 10. _____ Meals and Food Services | 28. _____ Vaccine-Preventable Diseases for Employees |
| 11. _____ Immunizations and TB requirements | 29. _____ Epinephrine Auto-Injectors |
| 12. _____ Hearing and Vision Screening | 30. _____ Parent Rights |
| 13. _____ Enrollment Procedures | 31. _____ Gang Free-Zone Information |
| 14. _____ Transportation Procedures | 32. _____ Attendance/Drop-Off and Pick-Up |
| 15. _____ Water Activities | 33. _____ Diapering Procedures |
| 16. _____ Field Trips | 34. _____ Other Policies |
| 17. _____ Animals/Pets | 35. _____ Request of Personally Identifiable Information (PII) |
| 18. _____ Promotion of Indoor and Outdoor Physical Activity | |

Parent Certification

I, _____, have been provided copies on the above forms and handbooks. I have been explained the information and given the opportunity to ask questions. I also acknowledge that I will familiarize myself with the contents of the information provided.

Staff Certification

I, _____, have provided the above-named Parent/Legal Guardian with the documents listed above and have explained the contents of them verified by his/her initials.

 Parent/Guardian Signature

 Date

 Staff Signature

 Date

Neighbors In Need Of Services, Inc. (NINOS)
Head Start/Early Head Start Program

Free Full Meal Reimbursement CACFP Enrollment Form

The following forms (CACFP Enrollment and Acknowledgement of Parents) collect the child's information required by the Child and Adult Care Food Program (CACFP). This addendum must be completed upon enrollment. Once this form is completed, the child will be enrolled in the program. When the child leaves the program, the child's last day must be entered in this form.

Child's Name: _____ CPID: _____

Center Name: _____ Class ID Enrolled: _____

The section below must be handwritten by the parent/guardian.

Date of Enrollment: _____ Date of Withdrawal: _____

Child's Date of Birth: _____ Age of Child: _____

Meals/snacks normally served to the child while in HS/EHS care (mark all that apply):

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Days and hours the child is normally in HS/EHS care:

Days (circle all that apply): M T W TH F Hours _____ AM to _____ PM

Service Provided: ☐ Full-day ☐ Part-day Hours of Service _____

Parent Certification

I _____ have been informed and have received the Parent Community Grievance Procedures, WIC and Building for the Future (each in English and Spanish).

Staff Certification

I _____ have provided the above-named Parent/Legal Guardian the Parent Grievance Procedures, WIC and Building for the Future (each in English and Spanish).

Parent Signature: _____ Date of Signature: _____

Staff Signature: _____ Date of Signature: _____



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Consent For Disclosure of Confidential Information

CPID: _____

Brownsville ISD ☐ Harlingen CISD ☐ Los Fresnos CISD ☐ Lyford ISD ☐ Point Isabel ISD ☐
San Benito CISD ☐ Mercedes Sp. Ed. ☐ Rio Hondo ISD ☐ Wil-Cam Co-Op ☐ Easter Seals/ECI ☐

Student Name: _____

DOB: _____

Center: _____

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above student.

Name and Position of ECI/Easter Seals/ ISD Staff

Carmen Reyes/ carmen.reyes@ninosinc.org
Disability Coordinator

ECI/Easter Seals /ISD

NINOS, Inc. Head Start/Early Head Start
Agency

Address:

Address:

P.O. Box 189, 22887 State Hwy 345

Rio Hondo, TX 78583

Fax: (956) 399-9966

Fax: _____

RECORDS TO BE RELEASE/DISCLOSED: **Notice of Ineligibility/Recommendation to not Evaluate** _____
IFSP Plan _____ **Discharge Summary** _____ **IFSP Transition Services** _____
Full Individual Evaluation _____ **ARD/IEP** _____

Yes No

____ I have been fully informed in my native language or other mode of communication and understand the school's request to my consent.

____ I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive.

(It does not negate an action that has occurred after the consent was given and before the consent was revoked.)

____ I give permission for the identified records to be release/disclosed to the above named person(s)/agency(ies).

Parent/Guardian's Name

Relation to the Child

Parent/Guardian's Signature

Date

Name of Interpreter, if used

Interpreter's Signature

Date