

## PACT for West Central Illinois Permission and Consent

\_\_\_\_\_  
Child's First and Last Name

\_\_\_\_\_  
Area/Class

\_\_\_\_\_  
Staff

### For Publicity and Public Relations

I give permission for PACT to use photos, videos, and/or names (first and last) of my child and his or her immediate family members in the following locations:

Activity	Photos		Videos		Names (first and last)	
	Yes	No	Yes	No	Yes	No
Center/Classroom Use	Yes	No	Yes	No	Yes	No
Portfolio for Assessment	Yes	No	Yes	No	Yes	No
In House Training	Yes	No	Yes	No	Yes	No
In House Display Boards	Yes	No	Yes	No	Yes	No
Outside PACT Training	Yes	No	Yes	No	Yes	No
PACT Facebook Page/Website	Yes	No	Yes	No	Yes	No
PACT Brochures	Yes	No	Yes	No	Yes	No
Public Events/Displays	Yes	No	Yes	No	Yes	No
HS Affiliated Web Sites	Yes	No	Yes	No	Yes	No
Public News, Media	Yes	No	Yes	No	Yes	No

**This is a foster child.** Under DCFS Policy Guide 2017.07, a foster child's picture may only be used in the classroom/center and portfolio as long as the child is not identified as a DCFS youth in care. Photos, videos, or names are not to be used outside of the classroom or center.

### Consent for Walks & Nearby Public Parks *(not applicable for EHS Prenatal)*

Yes  No I authorize PACT HS, EHS or CC Teaching Staff to take my child on walking trips and/or to walks to nearby public park facilities as part of classroom /socialization activity.

### DCFS Consent *(not applicable for EHS Prenatal)*

Yes  No I acknowledge that college or HS students, under the supervision of PACT staff, may be in the classroom when my child is present.

### Social Services & Outside Agency Plans

\_\_\_\_\_ I have a current action plan with a community agency. Agency Name: \_\_\_\_\_  
*(if yes, obtain Social Service Release & mail to C.O.)*

\_\_\_\_\_ I do not have a current action plan with a community agency.

\_\_\_\_\_ My Child has an IEP/IFSP *(obtain Disabilities/Mental Health Release and mail to C.O.)*

Family Outcomes Assessment, needs, and referrals have been reviewed in ChildPlus. \_\_\_\_\_  
*staff initials*

### My Child and I wish to enroll in the PACT for West Central Illinois Program.

I received a copy of the Parent Handbook that includes information on video surveillance in classrooms, data sharing, discipline/guidance procedures, pest management plan/uses of pesticides procedures, certified birth certificate procedures, and late pickup procedures. **If Yes, Please sign below:**

\_\_\_\_\_  
Signature of Parents or Guardian

\_\_\_\_\_  
Date

**CB** – Original to C.O., copy placed in child's DCFS file. **Foster Child** consents and "NO" to DCFS Consent are tracked by Site Supervisor.

**HB** – Original to C.O., copy kept with emergency #'s at socialization site.

5/22

## PACT for West Central Illinois Permiso y Consentimiento

\_\_\_\_\_  
Primer Nombre y Apellido de Niño(a)

\_\_\_\_\_  
Area/Clase

\_\_\_\_\_  
Personal

### Para Publicidad y Relaciones Públicas

Yo doy permiso a PACT de usar fotos, video, y/o nombres (primer nombre y apellido) de mi niño y/o de los miembro(s) de familia cercano a el/ella en la siguiente localización)

Actividad	Fotos	Videos	Nombre (primer nombre y apellido)
Uso del Centro/Clase	Si ___ No ___	Si ___ No ___	Si ___ No ___
Portafolio de Trabajos	Si ___ No ___	Si ___ No ___	Si ___ No ___
Entrenamiento en Casa	Si ___ No ___	Si ___ No ___	Si ___ No ___
Cartulinas echas en Casa	Si ___ No ___	Si ___ No ___	Si ___ No ___
Entrenamiento fuera de PACT	Si ___ No ___	Si ___ No ___	Si ___ No ___
PACT página de Facebook/ sitio web	Si ___ No ___	Si ___ No ___	Si ___ No ___
Folletos de PACT	Si ___ No ___	Si ___ No ___	Si ___ No ___
Eventos Publicos/Exposición	Si ___ No ___	Si ___ No ___	Si ___ No ___
Afiliación de HS Pagina de Web	Si ___ No ___	Si ___ No ___	Si ___ No ___
Noticia Publica, Periodismo	Si ___ No ___	Si ___ No ___	Si ___ No ___

**Este es un niño decriaanza.** (Under DCFS Policy Guide 2017.07, a foster child's picture may only be used in the classroom/center and portfolio as long as the child is not identified as a DCFS youth in care. Photos, videos, or names are not to be used outside of the classroom or center.)

### Permiso para ir a caminar y parques publicas cercanas (not applicable for EHS Prenatal)

Si  No Yo autorizo el Programa de Ventaja de PACT, Primer Ventaja o Personal de Enseñanza de Crianza de Niños que lleven a mi niño(a) en viajes caminando yo caminando a un parque publico cercana de parte de un actividad de clase/socialización.

### Consentimiento de DCFS (not applicable for EHS Prenatal)

Si  No Reconozco que los estudiantes de Universidad o HS estudiantes, con supervision de personal de PACT, esten en la clase cuando mi hijo/a este presente.

### Servicios Sociales y Planes de Agencias Externas

\_\_\_\_\_ Yo tengo un plan de acción corriente con una agencia de la comunidad. Agency: \_\_\_\_\_  
(if yes, obtain Social Service Release & mail to C.O.)

\_\_\_\_\_ Yo no tengo un plan de acción corriente con una agencia de la comunidad.

\_\_\_\_\_ Yo tengo un IEP/IFSP. (obtain Disabilities/Mental Health Release and mail to C.O.)

Family Outcomes Assessment, needs, and referrals have been reviewed in ChildPlus. \_\_\_\_\_  
staff initials

### Mi hijo y yo deseamos inscribirnos en el programa PACT for West Central Illinois.

Recibí una copia del Manual de Padres que incluye información sobre video vigilancia en las aulas, intercambio de datos, procedimientos de disciplina / orientación, plan de manejo de plagas / usos de procedimientos de pesticidas, procedimientos certificados de nacimiento y procedimientos de recoger a su hijo/a tarde.

**En case afirmativo, firme a continuación:**

\_\_\_\_\_  
Firma de Padres o Guardián

\_\_\_\_\_  
Fecha