

PACT for West Central Illinois Permission and Consent from Parents

Child's First and Last Name	Area/Class	Staff
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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)
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

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.

Outside Agency Plans (if yes, obtain Social Service Release & mail to C.O.)

_____ I have a current action plan with a community agency. Agency Name: _____
 _____ 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.)

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