



**FOLLOW ALONG PROGRAM PARENT PERMISSION FOR ENROLLMENT**

I hereby enroll my child, \_\_\_\_\_ (child's name) in the Follow Along Program.

**My Responsibilities**

I will take part in a home visit or telephone visit by a Public Health Nurse who will share information with me about services available in my community.

I will complete a questionnaire about my child's growth and development when my child is 4, 8, 12, 16, 20, 24, 30 & 36 months old. I will return each completed questionnaire to Wright County Public Health Service. (I understand that if my child was premature, the questionnaires may be mailed out after my child has reached 4, 8, 12, 16, 20, and 24 months corrected age.)

**My Rights**

I will be informed of my child's questionnaire results after it is scored. If the questionnaire results are not within the expected range, the Public Health Nurse will provide me with information about further developmental evaluation.

I can withdraw my child from this program at any time by telling Wright County Public Health that I don't want to be in the program.

I will be able to see information Wright County Public Health Service has about my family as a result of our enrollment in the program.

**My Consent for Sharing of Confidential and Private Information**

I give permission for Wright County Public Health to share the following information (**Please ✓ each line**)

\_\_\_\_\_ The **Follow Along Program** enrollment information which contains medical and personal information about my child and family.

\_\_\_\_\_ Information regarding my child obtained from the questionnaires that were completed

This information may be shared with (**Please ✓ each line**):

\_\_\_\_\_ The Help Me Grow Program in my school district that referred my child to the Follow Along Program: \_\_\_\_\_ (School District Name)

\_\_\_\_\_ The Help Me Grow Program in my school district if a referral to the program is needed. My verbal consent at that time will serve as permission.

\_\_\_\_\_ Another County: if we move to a county with a tracking program (information may be sent to our new county without additional permission).

Information from this program, which does not include my family's first or last names, our address, or our phone number, may be gathered regionally or statewide to help with the planning of early intervention services and the evaluation of the program.

Except as noted above, no information about my family or child through this program will be shared with any person or agency without my written permission.

The Follow Along Program has been explained to me. I have received a Follow Along Program brochure and a copy of the Data Privacy Information Form and have had them reviewed with me. I have read the above information and understand its content.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date