



Windfall School Consent Form

Information Consent

In accordance with Section 3301-37-04 B (3) of the Ohio Administrative Code, rosters developed for children in Early Intervention, Preschool and School Age Programs shall only be furnished to parents/guardians of children in such programs who have requested such information. A valid and current list containing the name and telephone number of the child and of the child's parent/guardian shall be provided within two working days to the parent submitting such a request.

_____ I give permission for my child's name, address and telephone number to be included on the Windfall School Roster.

_____ I **do not** give permission for my child's name, address and telephone number to be included on the Windfall School Roster.

Photo/Video Consent

Occasionally the Medina County Board of DD will photograph or video students with the intent of using the pictures in various displays or publications (i.e. newsletters, brochures, flyers, bulletin boards, presentations, social media, etc.) and for educational purposes both within our facilities and in the community.

_____ I give permission for my child's picture/video to be taken and used in Medina County Board of DD publications, presentations, displays, and social media for public use.

_____ I **do not** give permission for my child's picture/video to be taken and used in Medina County Board of DD publications, presentations, displays, and social media for public use.

_____ I give permission for my child's picture/video to be taken and used in Medina County Board of DD bulletin boards, displays and presentations inside of Board facilities.

_____ I **do not** give permission for my child's picture/video to be taken and used in Medina County Board of DD bulletin boards, displays and presentations inside of Board facilities.

_____ I give permission for my child's picture/video to be taken by families of classmates

_____ I **do not** give permission for my child's picture/video to be taken by families of classmates

The Medina County Board of DD (MCBDD) conducts activities for individuals on Board property which are at times, covered by the media, which may take pictures of participants. The MCBDD makes reasonable efforts to let you know about such events in advance. You can request to be excluded from this kind of media coverage by asking any staff member.

Nursing Consent

Throughout the year, Windfall School conducts the following screenings, free of charge, for students.

_____ I give permission for my child to participate in the BMI (Body Mass Index) screening.

_____ I **do not** give permission for my child to participate in the BMI (Body Mass Index) screening.

_____ I give permission for my child to participate in the hearing screening

_____ I **do not** give permission for my child to participate in the hearing screening.

_____ I give permission for my child to participate in the vision screening.

_____ I **do not** give permission for my child to participate in the vision screening.

It is understood that these authorizations may be revoked at any time by submitting a written request to the Windfall School Office (Medina County Board of DD, 4691 Windfall Road, Medina, Ohio 44256). However, it is also understood that a revocation will not have any effect on any information already used or disclosed by the Medina County Board of DD before it received any written notice of revocation. Once this authorization is acted upon, the receiving party may be under no legal obligation to maintain the confidentiality of such information and could, in turn, disclose it to one or more other parties. If neither federal nor Ohio privacy law apply to the recipient of the information, it is understood that the information disclosed pursuant to the authorization is no longer protected by federal or Ohio privacy law. A copy of the information to be used and disclosed pursuant to this authorization form may be made available upon request. Please see the Notice of Privacy Practices for more information on your rights under the law.

Student Name (please print)

Parent/Guardian Signature

Date

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Individual Support.
Community Achievement.