

FOLLOW ALONG PROGRAM PERMISSION FOR ENROLLMENT

The Follow Along Program is sponsored by the Minnesota Department of Health (MDH) and the local public health agency coordinating the program in the county or area where I live (Managing Agency).

As the parent/guardian of the child I am enrolling through the on-line Follow Along Program form, I have agreed to the following conditions by checking the "I Agree" button at the bottom of the enrollment form:

MY RESPONSIBILITIES

- I will complete and return questionnaires from the Managing Agency that ask about my child's growth and development at different ages every 4-6 months. (If my child was born prematurely, I may be asked to complete some of the questionnaires after my child reaches a certain age).

MY RIGHTS

- My participation in the Follow Along Program is voluntary. I am not legally required to provide information to the program. If I do not provide the data requested, however, I may not be able to fully participate in the program.
- The Managing Agency will not share private information about my child or my family with any person or agency outside of the program without my written permission, except as allowed by law or required by a court.
- I can withdraw my child from the Follow Along Program at any time by telling the Managing Agency that I don't want to continue with the program. If I withdraw, other services may still be available to me.
- Someone from the program will score my child's questionnaire and inform me of the results. If the results show any areas of concern, a public health provider will contact me to talk about next steps.
- I will have access to all of the information about my family that I provide to the Follow Along Program.

MY CONSENT

- ✓ I authorize the Managing Agency to collect medical and personal information about my child and family, along with questionnaire results, for the purpose of evaluating, assessing, and supporting my child's health, learning, and ongoing development for the duration of the program.
- ✓ I authorize the Managing Agency to share information collected as part of the program with my child's medical providers, my child's school district, early childhood behavioral health services, and other services as appropriate for the duration of the program.
- ✓ If I move to another county with a Follow Along Program or similar tracking program, I authorize the Managing Agency to send my information to the new county to help make sure that my child's enrollment is not interrupted.