

**Bloomington, Edina, Richfield, Eden Prairie
Follow Along Program Enrollment Form**

Child's Name _____ **Gender:** M F
First / Middle / Last

Child's Birth Date _____ **Care Giver's Birth Date** _____ **Care Giver's Name** _____
Mo /Day /Year Mo /Day /Year

Child born at # weeks of Pregnancy _____ **Birth Weight** _____ **NICU Graduate:** Yes No
Pounds/Ounces

Race/Ethnic Background _____ **Language Spoken In Home** _____

At birth, was your baby's hearing tested in the hospital? Y N

If yes, were there any concerns? Y N

Birth Hospital (optional) _____

Child's Primary Physician (optional) _____

Clinic (optional) _____

Medical Insurance (optional) Private Insurance _____ Medical Assistance _____ No insurance

How did you hear about the Follow Along Program? _____

Primary Parent/Guardian:

Name(s) _____

Address _____

City _____ **State** _____ **Zipcode** _____

Home Phone _____ **Other Phone** _____

Email (optional - will only be used for the Follow Along Program) _____

I would like information about the following Public Health Services:

___ Immunization Clinic

___ WIC (Women, Infants, and Children) Nutrition education, supplemental foods and referrals

___ Help in finding resources

___ Parenting support

___ Other health concerns I have: _____

FOR OFFICE USE ONLY

**Be sure to sign
Permission Form
on reverse side**

Bloomington Public Health, Follow Along Program

1900 West Old Shakopee Road

Bloomington, MN 55431

952-563-8900

**FOLLOW ALONG PROGRAM
PERMISSION FOR ENROLLMENT**

The Follow Along Program, sponsored by the Minnesota Department of Health and the local agency coordinating the Follow Along Program in the county/area where I live, has been explained to me. I have also received a brochure that provides information about how the program works as well as information about how to contact the local agency coordinating the program; hereafter referred to as the Managing Agency. With the following conditions:

MY RESPONSIBILITIES

- ✓ I understand that my participation in the Follow Along Program is completely voluntary. I am not legally required to provide the requested data. However, if I do not provide the data requested, it may not be possible for me to fully participate in the program.
- ✓ I will take part in a home, office, clinic, or telephone visit by a nurse or developmental specialist who will share information with me about the Follow Along Program, family health, and services available in the community.
- ✓ I will complete questionnaires that ask about my child's growth and development at different ages such as 4, 8, 12, 16, 20, 24, 30, and 36 months of age. I will return them to the Managing Agency. (I understand that I may be asked to complete some of the questionnaires after my child reaches a certain age if my child was born prematurely.) Postage will be paid by Follow Along.

MY RIGHTS

- ✓ I may refuse to consent. If I do not consent, my child will not be enrolled in the Follow Along Program, but other services may still be available.
- ✓ I may withdraw my child at any time by telling the Managing Agency that I don't want to continue with the Follow Along Program.
- ✓ I will be informed of my child's questionnaire results after a questionnaire is scored. If the questionnaire results are not within the normal range, a child development professional will contact me to discuss the next steps.
- ✓ I will have access to all information obtained about my family through the Follow Along Program.

MY CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

- ✓ Information about my child, from the developmental questionnaires, may be shared with Dr. _____ (name of child's physician) with my knowledge.
- ✓ Information from the Follow Along Program, which does not include identifiable information such as names, addresses, or phone numbers, may be compiled regionally or statewide to help with the planning or early intervention services and the evaluation of the program.
- ✓ Private information about my child or family will not be shared with any person or agency without my written permission.
- ✓ If we move to a county with a Follow Along Program or similar tracking program, I agree that information may be sent to our new county without additional permission.

I agree to enroll my child in the Follow Along Program.

Parent/guardian signature _____ Date _____