



Telephone: (309) 944-5024
Fax: (309) 945-4103
sgorman@growthincgeneseo.com

541 E. North Street • P.O. Box 172 • Geneseo, IL 61254

Ages & Stages
Permission for Screening

(Please Print)

Child's Name _____ Birthdate _____
First Middle Last Month/Day/Year

Name of Father: _____

Name of Mother: _____

Guardian: _____ Relationship: _____
(If different than before)

Child's Address: _____
Street City Zip

Other Vision, Hearing or Developmental Screenings & Dates:

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I give permission for my son/daughter to participate in an initial screening and a rescreen when appropriate.

Parent or Legal Guardian Signature: _____ Date _____