REGION 9 EDUCATION SERVICE CENTER
WICHITA FALLS TEXAS

Consent For Health Services

I, ______________________ hereby give my consent for the child listed below to receive the screening tests and examinations checked below and for transport of the child to and from the services as needed. I understand these services are deemed necessary or advisable by the Head Start program and that I will be informed of any results that are not normal.
I also understand that is my responsibility to provide Head Start with an up-to-date immunization record and a record of medical and dental examinations performed in the past year. This consent is valid for one year after the signed date. The purpose of this consent has been explained to me. I agree:

That in case of emergency, if a parent or guardian cannot be contacted, Head Start may provide first aide or emergency medical care if needed. __________Yes ___________ No

Initial below:

Developmental Screening	____________	Mental Health Screening	_________
		Crisis Counseling	____________
Medical Examination	____________	Dental Examination	____________
Speech Screening	____________	Height and Weight	____________
Hearing Test	____________	Vision Test	____________
Immunizations (if necessary)	____________	T.B. Test	____________

Brush teeth daily with fluoride toothpaste ______________

Lead Screening _________ **Hemoglobin Screening** ________ **Hematocrit Screening** _________

I understand that these screenings involves a blood sample obtained by a "fingerstick" or venipuncture if necessary.

As a parent/guardian of ________________ , I hereby authorize the release of Medicaid/THSTEPS eligibility information and medical records to satisfy Head Start requirements.

CHILD'S NAME __________________________ DATE OF BIRTH ___________________

Signature of Parent/Guardian ____

Relationship to Child ______________________________ Date _______________________________

I have explained to __________________________ the purpose of this release and the nature of the tests and examinations that the children enrolled in Head Start receive.

Signature of Head Start staff ________________________ Date ________________________

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