



**RELEASE OF INFORMATION - DENTAL
 HEAD START HEALTH SERVICES**

HEAD START Performance Standard 1304.20 (a) (1) (ii) requires a professional determination as to whether the child is up to date on a schedule of appropriate preventative and primary health care which includes medical, dental and mental health.

Every child enrolled in the HEAD START program must have regularly scheduled dental examinations, including physical and mental health screenings. Parents with private insurance, including Medicaid and CHIPS, have the option of scheduling the exam directly and providing the documentation, or must provide documentation of the last dental examination, and/or a release of information to be used to acquire such information.

Note to Staff: Please check areas of information that are being required from the parent

- I will make private arrangements for my child’s dental exam and forward documentation to HEAD START Personnel within 30 days.
- My child **has had** a dental exam within the past year, and I would like the supporting documentation forwarded to HEAD START Personnel within 30 days.
- My child **has not** had a dental examination within the past year and I would like him/her to participate in the HEAD START dental examination.

As the parent/legal guardian of _____ dob: _____, I hereby authorize

 Provider Name/Clinic

 Address

 Phone / Fax

to release the results of my child’s latest dental exam to Head Start Personnel. The purpose of this release is to coordinate health services provided by Head Start. Please include any information related to future dental examinations and/or appointments.

I have been fully informed and understand the school’s request for my consent, as described above. I understand that my consent is voluntary and may be revoked at any time. This consent is valid for the duration of my child’s enrollment in the Head Start program.

 Signature of Parent/Guardian

 Date

 Signature of Head Start Personnel

 Date