

2015-2016 Program Year

(Child's Name)

(Unit)

Dear Parent/Guardian:

Head Start offers many medical related services; the services checked below are services you have chosen not to participate in.

- Immunizations
- Physical/Follow-up
- Lead Screening
- Dental/Follow-up

Please state reason for refusal _____

I, as the parent or guardian, do release Head Start from any liability of physical and/or dental problems undetected due to my child's lack of participation in the physical, immunization, and/or dental services available through Head Start.

Parent/Guardian Signature

Date

Health Coordinator

Date

Cc: Child file/Health