

**PACT Head Start
Incomplete Health Information
Parent Refusal of Health Services**

When your child _____ was enrolled in Head Start, you were informed that he/she was to have physical, immunizations, hemoglobin, vision, hearing, TB skin test, lead screening, and dental exam/treatment, in order to meet Head Start Standards and EPSDT Guidelines.

We have made several requests of you to comply with this requirement. You have received educational information on the importance of completing health screenings/treatment and assistance in making and getting to appointments. Unfortunately, as of _____, we have no record that your child has completed his/her:

I, _____, refuse to obtain or give consent to the above health screening/treatment for my child. My child will not receive this for the following reason(s):

Parent/Guardian Signature

Date

FA/HBT Signature

Date