

**SEQUATCHIE VALLEY HEAD START  
PARENT PERMISSION FOR MEDICAL AND DENTAL SCREENING**

Your child should have a well-child physical exam yearly at age 3, age 4, and age 5.

What was the date of the last well-child exam? \_\_\_\_\_

Who is your child's medical provider? \_\_\_\_\_

Is this your "medical home" (may be assigned by insurance company)? Yes \_\_\_ No \_\_\_

Do you need help in establishing a "medical home"? Yes \_\_\_ No \_\_\_

A part of the Head Start program involves documenting a comprehensive health examination which may consist of the following health screenings, at your child's "medical home" or as noted. The purpose of the exam and screenings is to identify, as soon as possible, children who may have developmental or health needs. The earlier needs are identified, the sooner therapy or treatment can begin. You will be notified by Head Start staff when health or developmental concerns are suspected or identified. We will also help you find a "medical home" and other health and medical resources as needed.

1. Well-child physical exam (yearly, EPSDT guidelines)an undressed exam to include hematocrit or hemoglobin screening to check for anemia (within last year), most current lead screening results, and may include a check for intestinal parasites, T.B. skin test, sickle cell screening, urinalysis (child's medical provider).  
**Documentation of well-child physical exam is REQUIRED prior to attendance at the Head Start Center.**
2. Dental screening/examination (Head Start Center or Dentist's office).
3. Growth assessment (Head Start Center or medical provider).
4. Vision testing (Head Start Center or medical provider).
5. Hearing testing, which includes use of AuDx hearing system, audiometer, acoustic otoscope (medical provider, local speech & hearing clinic or Head Start Center).
6. Tuberculin testing (Health Department or medical provider if needed).
  - a. Was your child born outside the USA? Yes \_\_\_ No \_\_\_
  - b. Has your child ever had a TB test? Yes \_\_\_ No \_\_\_ Date of Test: \_\_\_\_\_
  - c. If yes, did it turn red or swell? Yes \_\_\_ No \_\_\_
7. Immunizations as needed to maintain up to date status (health dept. or medical provider).
8. Speech screening to identify speech problems (at the center by H.S. staff, school system, medical provider).
9. Developmental screenings for all children (health dept &/or Head Start center or medical provider).
10. General mental health classroom observations (at the H.S. center by staff, local school psychologists, mental health consultants, and other consultants).
11. National Reporting System Assessment to be given in the fall and the spring. (Only children going to kindergarten the next school year will be assessed.)

The above will be secured during the school year with routine follow-up as necessary. In addition, various consultants routinely act as staff in observations related to developmental growth and mental health.

Please sign giving your permission for your child to have these screenings at the locations indicated above. Notification of appointments away from the center is always made in advance, and more specific individual permission forms are used as needed. Parents are always encouraged to be present in our centers and during screenings. Contact our Nurse if more information is needed.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Staff Member Explaining Form

\_\_\_\_\_  
Date

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