

## Medical Screening Permission

The Head Start Nurse will be here on, \_\_\_\_\_, to do medical screening(s) on your child. The medical screening marked with a ✓ is what your child needs to have completed on the date above.

\_\_\_\_\_ HGB Screening( Sensor screening), meaning no  
finger stick to check for anemia.

\_\_\_\_\_ Lead Screening (finger stick to check lead in blood)

\_\_\_\_\_ Blood Pressure

My child, \_\_\_\_\_, has my permission to have these  
Child's Name

Medical Screening(s) performed by the Head Start Nurse.

Please circle:      **yes** or **no**

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

\_\_\_\_\_  
Date