



Highland Rim Head Start Parent Refusal Form



Date: _____

Child's Name: _____

Head Start Staff have informed me on the importance of regular preventative health and dental exams and/or screenings, follow-up treatment and/or services.

I, _____, refuse for my child to receive the following:
(Parent/Guardian Name)

Check all that apply:

___ Hearing Screening

___ Dental Screening

___ Vision Screening

___ Dental Treatment

___ Physical

___ Lead

___ Immunization *specify* _____

___ Other *specify* _____

due to: _____

Parent/Guardian Signature: _____

Date: _____

Family Advocate: _____

Date: _____