

HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Hwy 149
Erin, Tennessee 37061



Date: _____

Child's Name: _____

Parent/Guardians Name: _____

Our goal at Head Start is to make sure that children are healthy. Based on well child care standards, our records show that your child is due for:

____ Well Child Exam with Doctor

____ Dental Exam with your dentist

____ Lead

____ Other Explain: _____

Please contact me if your child has an appointment scheduled, is currently in treatment process, our records are incorrect, if you need help getting the exams(s), or need any other assistance. I look forward to talking to you. Thank you for your help.

Family Advocate (please print): _____

Date: _____

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