



Head Start Parent Refusal Documentation



Program: _____

Classroom: _____

Head Start Performance Standards require that all children receive well-child care services including medical and dental examinations. We are here to assist you in obtaining these services. However, as the parent/guardian, you have the right to refuse these requirements.

The purpose of this document is to show evidence of the parent/guardian's decision not to obtain the specific exams/screenings required by the Head Start program.

I, parent/guardian of _____, understand that Head Start Performance Standards require specific health and dental examinations for my child and have chosen not to have the following exams reported to BSACAP Head Start at this time:

- Medical Exam/Physical** **Vision Exam** **Vision Screening**
- Dental Exam** **Blood Lead Screening** **Developmental Screening**
- Dental Treatment** **Hearing Screening** **Hemoglobin/Hematocrit**
- Blood Pressure** **Other** _____

I have decided not to consent to Head Start health requirements for the following reason(s):

I also understand, that at any time, I can obtain these examinations and supply BSACAP Head Start with documentation.

Parent/Guardian Signature

Date

Family Advocate Signature

Date