

## Hemoglobin Screening Permission

A trained Head Start staff member, \_\_\_\_\_,  
Staff Name  
will be on site on this date, \_\_\_\_\_, to complete a  
hemoglobin screening. This will be a sensor screening. There will be no finger  
stick or blood needed to complete this screening.

\*I gave my permission for my child, \_\_\_\_\_, to  
have a bloodless hemoglobin screening.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date