

East Missouri Action Agency, Inc.
HEAD START
“An Equal Opportunity/Affirmative Action Employer”

Date _____

Dear Parent or Guardian:

Head Start Performance Standards requires that each child enrolled in a Center or Home Base must have certain Health Services. At the time of enrollment, you signed an agreement form agreeing to obtain these services. As of this date our records indicate your child's health record is not complete.

Head Start will assist you in any way possible to obtain any services needed. This will help ensure that your child is healthy and can participate in Head Start to the fullest. We would like to encourage you if these are not completed to please do so at this time.

Our records indicate that your child does not have the following Health Services:

As required by Head Start Performance Standards a written refusal of services must be obtained if these services are not completed and a reason why the parent or guardian does not want the services.

Please sign below and comment if you do not wish to have services performed. If you need help obtaining these services please indicate below also.

Child's name _____

_____ No, I do not wish for my child to have the above listed services.

_____ Yes, I would like assistance in obtaining these services.

Staff comments: _____

Parent comments: _____

Parent or Guardian _____ Date _____

Head Start Staff _____ Date _____