Beaufort Jasper EOC Head Start

Consent for dental and physical services

CONSENT TO RECEIVE MEDICAL AND/OR DENTAL EXAMINATION

I, as asAS, hereby give my consent for the child listed below to receive a medical and/or dental examination. I understand that these services are deemed necessary or advisable by Beaufort-Jasper EOC Head Start program and services will be conducted by a trained Head Start Staff or medical and dental provider contracted through Beaufort-Jasper EOC Head Start. I understand that I will be notified of my child's test results, if additional treatment is needed.

Medical Examination (includes but not limited to: height, weight, blood pressure, hematocrit, lead, hearing, vision and additional screening if necessary)

Dental Examination (includes prophy and fluoride treatment)

Yes, I confirm that I have read and understood this form. By checking this box, I am electronically signing this form.

AS AS	*Shanklin*	*05-20-2020*
Child`s Name	*Center Name*	*Date of Birth*
as asAS	*Relationship to child*	*06-01-2020*
Parent signature	*Relationship to child*	*Date Signed*

THIS FORM MUST BE UPDATED YEARLY AND ONLY VALID FOR THE CURRENT SCHOOL YEAR