2017-2018 Program Year	
	(Child's Name)
	(Unit)
Dear Parent/Guardian:	
Head Start offers many medical related you have chosen not to participate in.	d services; the services checked below are services
	ImmunizationsPhysical/Follow-upLead ScreeningDental/Follow-up
Please state reason for refusal	
1 0	se Head Start from any liability of physical and/or my child's lack of participation in the physical, available through Head Start.
Parent/Guardian Signature	Date
Health Coordinator	Date
Cc: Child file/Health	