

Unit _____

Release of Information

Child's Name _____

Parent's Name _____

I authorize Yankton Medical Clinic to release my child's records to South Central Child Development, Inc. – Head Start

The records that I would like released are:

Head Start Physical Exam Results

Immunization Record

Vision/Hearing Screening

Any relevant labs including: Lead Testing, Heoglobin/Hematocrit

Parent's Signature _____

Please return these records to:

**South Central Child Development, Inc.
401 Walnut Street SW
Wagner, SD 57380**

Any questions please call:

1-877-384-3683