

Declining Early Learning Health Services Form



The Family Support Staff has informed me of the benefits of the health screenings offered by the Early Learning Program. I have chosen to decline the following screenings for my child:

(Check all that apply)

- Height and Weight Screenings
- Hearing Screenings
- Vision Screenings
- Other: _____

After consulting with my child's primary care provider, I have chosen to decline the following blood tests for my child:

(Check all that apply)

- Lead
- Anemia (Hematocrit/Hemoglobin)

Child's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Staff Only

Form to be kept in child's file.

Notes: