



Head Start Summer Screening Permission



Child's Name: _____

Child's Birthdate: _____

This permission form is only to be used for screenings that take place in the summer months prior to the completion of the Child Health History.

- Developmental Screen (Brigance)
- Speech Screen
- Hearing Screen
- Vision Screen
- Hemoglobin (HGB)- non-finger stick
- Blood Pressure

The above screenings have been explained to me and I give my permission for my child to take part in the screenings I have identified

Parent/ Guardian Signature

Date