



Northwest Community Action, Inc

PO Box 67 312 North Main Street Badger, MN 56714

Office: (218) 528-3258 Fax: (218) 528-3259 Head Start: (218) 528-3226

www.northwestcap.org

PARENT PERMISSION FORM

_____ has my permission
(Head Start/Early Head Start Staff Person)

to transport my child for the needed service(s) listed below:

_____ Doctor – for physical examination, needed immunizations,
and lab work (Blood Lead and Hgb or Hct)

_____ Dentist – for examination and/or follow up work

_____ Immunization clinic - to update immunizations

_____ Developmental Screening – educational assessment

_____ Other _____

Parent Signature

Date