



# 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

## Refusal of Services

When your child was enrolled in Head Start, you were informed that there were certain requirements that your child needed to have completed. Developmental screening required within 45 days and physical/dental exams within 90 days of enrollment.

Our staff has made several requests of you to comply with this requirement.

Unfortunately, as of \_\_\_\_\_, we have no record that your child has completed a:

\_\_\_\_\_ Physical examination

\_\_\_\_\_ Lab work (Blood Lead, Hgb or Hct)

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Dental examination

\_\_\_\_\_ Fluoride and/or cleaning

\_\_\_\_\_ Follow-up work (medical or dental)

\_\_\_\_\_ Developmental Screening – educational assessment

\_\_\_\_\_ Other \_\_\_\_\_

As a result, we find it necessary to exempt our program from responsibility in the matter and are requesting that you sign the following release indicating your refusal to comply with these requirements.

I, \_\_\_\_\_, refuse to obtain or give consent to the

above checked service(s) for my child \_\_\_\_\_

for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_