

Treatment Refusal

Dear Parents/Guardian,

Head Start requires we follow the California Early Periodic Screening Diagnostic Treatment (EPSDT) schedule for your child's wellness. The importance of early diagnosis and intervention has been thoroughly explained to me. As part of the Head Start Program, we must have written documentation when families refuse any treatment for a child.

Child's Name: _____ Center/FCCH: _____

_____ Vision
_____ Hearing
_____ Dental
_____ Anemia
_____ Lead Test/Result
_____ Diagnostic on Physical _____
_____ Referral for _____
_____ Assessment/Screening _____
_____ Other: _____

At this time, I am not interested in any health follow up, referrals, services or treatment in the areas checked above.

Parent Signature

Date

Staff Signature

Date