

Date: \_\_\_\_\_

Dear Parent/Guardian,

Attached is a blank copy of the Head Start Oral Health Form or Head Start Physical Examination Form. Please take this form to your child's primary Medical or Dental Care Provider to complete. Please return the completed form to your Family Service Specialist within 15 days to update your child's health record.

Early Learning Community

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**Dr. Nancy J. McGinley**  
Superintendent of Schools

**Dr. Lisa Herring**  
Associate Superintendent

**Ruth Taylor**  
Assistant Associate Superintendent

Sincerely,  
Ali Hill, RN, BSN  
Head Start Health Manager