

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

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