



**CONCHO VALLEY COUNCIL OF GOVERNMENTS**



CVCOG RURAL HEAD START  
325-944-9666



SAISD HEAD START/  
EARLY HEAD START

**Consent for Anemia & Lead Screen**

Child's Name:	Age:	DOB:
Head Start Center:		Rm:

**ACKNOWLEDGE UNDERSTANDING OF ANEMIA & LEAD SCREENING:**

Anemia screening is a blood test to check the amount of hemoglobin in the blood. Lead screening is a blood test that measures the level of lead in the blood. The anemia & lead screening performed at Head Start/Early Head Start will involve a finger-prick or heel prick. The anemia & lead screening will be conducted by a qualified professional. If the screening shows hemoglobin less than 11 or if the screening shows a lead level greater than 10 ug/dl, the child needs follow-up evaluation and treatment by a health care provider.

**Finger stick/heel stick risks:** Blood will be removed by finger stick or heel stick. The discomfort of the finger stick or heel stick should be minimal, causing only momentary pain. However, in rare cases, a small amount of bleeding under the skin will produce a bruise (hematoma). A small scar may persist for several weeks. The risk of local infection is less than 1 in 1,000.

\_\_\_\_\_ I acknowledge that obtaining hemoglobin & lead results from my child's primary provider, WIC, or other source is preferred; however, if I am unable to obtain results, as required by the EPSDT schedule, then a licensed nurse will perform the anemia screen.

\_\_\_\_\_ I understand that anemia & lead poisoning can delay my child's growth and development, and that early diagnosis and treatment of anemia can help improve my child's health and development.

\_\_\_\_\_ I understand that by obtaining the hemoglobin & lead by finger stick or heel stick my child could experience inherent risks. I understand that all risks associated with the finger stick and heel stick is rare and minor. I understand the potential risks associated with the finger stick or heel stick.

\_\_\_\_\_ I have received a copy of the "Anemia Screening (Hemoglobin/Hematocrit) Well-Child Health Care Fact Sheet" & "Lead Screening Well-Child Health Care Fact Sheet" provided by Head Start.

I understand by signing this form, I am giving consent to have my child participate in this procedure being made available on a Head Start campus. I further understand that under state law, Head Start is generally immune from suit or liability for a personal injury to a student while under the school's control and jurisdiction.

Yes, I \_\_\_\_\_ give my consent for my child, \_\_\_\_\_, to participate in the lead screen provided by the \_\_\_\_\_ (Agency).

No, I \_\_\_\_\_ do **not** give my consent for my child, \_\_\_\_\_, to participate in the lead screen provided by the \_\_\_\_\_ (Agency).

Parent Name-Printed	Parent Signature	Date
Appointment Date :		

3/2/2010