



Mobile Health and Wellness Van Services Parent Permission for Wellness Exam



Site Name / Rm#: _____ Today's Date: _____

Child's Name: _____ DOB: _____

Date of Wellness Exam: _____

Dear Parent/Guardian;

Neighborhood House Association, Head Start Programs, will be providing a free wellness exam to children enrolled in their Head Start and Early Head start sites via a Pediatric Nurse Practitioner.

According to our records, your child is due for an age appropriate wellness exam or is missing required assessments and/or screenings. Please take advantage of the free services and complete the permission below.

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I, \_\_\_\_\_, give permission for my child to receive a wellness exam.  
(Print name of Parent /Guardian)

I understand that the health screenings will be performed by a Pediatric Nurse Practitioner and will be conducted in a mobile health and wellness van or at a Head Start site.

I have been informed and give my consent to all the required health screenings and assessments as recommended by the Bright Futures/American Academy of Pediatrics, in order to keep my child up-to-date to age appropriate preventive health care:

Parent/Guardian: \_\_\_\_\_, Signature: \_\_\_\_\_

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I decline the free wellness exam services offered at my child's school. I will schedule an appointment with my child's primary physician and provide school staff with the appointment date within the week from receipt of this notice.

Parent/Guardian: _____, Signature: _____