



PARENT'S WRITTEN REFUSAL OF SERVICES



(Early Head Start/Head Start site)

I, _____ the parent/guardian of _____
(Print Name) (Child's Name)

refuse to: *(Indicate the specific procedure(s)/service(s) being declined below)*

REASON FOR REFUSAL:

Staff described the benefits and reasons for the recommended procedure(s), and I still exercise my right to refuse the above listed services.

Parent/Guardian Signature

Date

Staff Signature

Date

NOTE: NOT TO BE USED FOR IMMUNIZATIONS