



**The Center**  
 Early Childhood Programs  
 Lake County School District R-1

315 West 6<sup>th</sup> Street  
 Leadville, CO 80461

Phone 719 486-6928  
 Fax 719 486-9992

*Head Start, Colorado Preschool & Kindergarten Program, Tuition-Based Preschool and School Age Programs, Services for Children with Special Needs*

**Head Start and Early Head Start**

**Blood/Lead Screening**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Parent's permission for Public Health or physician to fax blood test results:

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by your Physician or Lake County Public Health at 825 West 6<sup>th</sup> Street or call them at 719-486-2413.**

**Please fax this form, child's immunization records and additional forms to The Center Early Head Start Program at 719-486-9992.**

<b>Blood Test:</b> Hemoglobin	Date: _____  Results: _____	Next Annual Blood Test Due: _____  Date of Rescreening: _____
<b>Blood Test:</b> Lead	Date: _____  Results: _____	Next Annual Blood Test Due: _____  Date of Rescreening: _____

Immunizations received at this screening:    Yes    No

***Please Attach the Immunization Record to this form!!!***

As the parent/guardian of \_\_\_\_\_

I hereby give permission for the above information to be released to the Lake County School District Early Head Start Program.



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