



PARENTAL/CAREGIVER CONSENT

I, \_\_\_\_\_, give Mid-America Head Start and its Delegates\* permission to utilize the healthcare information sources noted below\*\* to electronically access any or all of the following: hemoglobin and lead testing results, immunization records, vision and hearing screenings, well-child exams, and/or newborn hearing screening for my child enrolled in the Head Start/Early Head Start program. I give permission and request these electronic health systems to disclose those records for the purpose of assisting with needed Head Start/Early Head Start health requirement follow-up services. I further give permission for Mid-America Head Start and its Delegates to give the electronic health systems updated family information presented by the family to Mid-America Head Start and its Delegates. The health requirements information will be retained in the children’s confidential file and will be used solely for the purpose of assisting with Head Start/Early Head Start health requirement follow-up and will not be re-released. Below is a list of Head Start/Early Head Start enrolled children for whom I give permission to Mid-America Head Start and its Delegates / Partnership agencies to access this electronic information:

Table with 2 columns: Child's Name, Date of Birth. Rows 1-5.

\*\* Missouri State Health and Senior Services and Social Services Departments (including; but not limited to: Public Health Profile and ShowMeVAX), Missouri Not-for-Profit Health Organizations for On-Site Services, Local Health Departments, and Regional Health Information Organizations

By signing this form, I affirm that I have authority to make decisions about my child(ren) and give my permission for my child(ren)’s health information to be looked up in the health information sources noted above\* while my child is enrolled in the Head Start/Early Head Start Program.

Print Name

Signature

Date

Note: I understand that I have a right to receive a copy of this authorization and that my child’s participation is not conditioned on my signing. I have a right to revoke this authorization. To revoke I must do so in writing and present my revocation to Mid-America Head Start or its Delegate and I understand that any disclosure/access made based on this authorization prior to a revocation will not be affected by a later revocation. I understand that my child’s information is confidential, any disclosure carries a risk of redisclosure, and the information may not be protected by confidentiality laws after disclosure.