



Nez Perce Tribe Mamáy'asnim Hitéemenwees Consent for Health & Education Services

I, _____ hereby give my consent to the Nez Perce Tribe Mamáy'asnim Hitéemenwees to provide the following screening tests and exams initialed below for my child while enrolled. If I do not initial below, it is indicated I do not want the service. If I choose not to participate in any of the listed screenings/exams, it will be my responsibility to ensure my child receives each required screening test and exam and I will be required to provide screening results to the program *within my child's first 45 days of school.*

Initial below:

Developmental Screening	_____	Dental/Fluoride Screen	_____
Dental/Povidone-Iodine	_____	← (when used with fluoride, a 70% decrease in decay)	
Hearing Test	_____	Vision Test	_____
Nutrition Assessment	_____	Height & Weight	_____
Hematocrit/Hemoglobin***	_____	Lead Screening***	_____

***requires a blood sample to be obtained by a "finger poke" or venipuncture if necessary.

If my child should require further medical care after an abnormal screening test/exam, I will provide medical documentation to the program regarding medical care. I also understand if I need help obtaining medical services, I will contact my Family Service Representative or the Health & Safety Specialist.

I also understand that it is my responsibility to provide the program with an up-to-date immunization record, record of physical, and dental examinations performed in the past year. I am also responsible for providing medical documentation for medical care provided to my child during the school year such as well-child visits and updated immunizations. Parents have the right to revoke these consents at any time. This consent is valid until services are relinquished. The purpose of this consent has been explained to me.

CHILD'S NAME _____ DATE OF BIRTH _____

Parent/Guardian Signature _____

Relationship to child _____ Date _____