

**Northeast South Dakota Head Start
LEAD BLOOD TEST**

Head Start requires that all children have a record of **ONE** blood lead test that was completed at 24 months of age or later. If your child has not previously had a blood test for lead poisoning they will need to have one done. **(Not needed again for second year in Head Start).**

If the lead test has already been done, please fill out, sign and return this Release of Information so we may obtain this information from your child's health provider for our records. If the lead test has not been done, please take your child and this form to your child's provider and have the provider send the test result to us.

Submit the bill first to Insurance or Medicaid. If you do not have health insurance or Medicaid, Head Start will cover the cost of this blood test. Head Start is the payer of last resort.

Release of Information for Lead Test

Child's Name _____ DOB _____ Head Start Site _____

Parent/Guardian _____ Phone _____

Address/City/State/Zip _____

I grant permission for the agency listed below to release lead screening results on my child to Northeast South Dakota Head Start.

Provider name and Clinic name: _____

Address/City/State/Zip _____

Phone number _____ **Fax Number** _____

Date _____ Signature _____

Relationship _____

This release is in effect for one year from the date of the signature. It is understood a photocopy of this form will also serve as authorization.

PROVIDER/CLINIC:

If testing is done at a Sanford Clinic/Hospital, use our Client Number: **999345**

Lead Test Results: _____ ug/dl (Any level below 10 ug/dl is considered within normal limits.)

Provider Notes: _____

Date _____ Health Provider/Clinic Name _____

Health Provider Signature _____

PLEASE SEND RESULTS TO: NESD HEAD START or FAX TO: 605- 226-0196
200 S. Harrison St. #1
Aberdeen, SD 57401 Phone: 605-229-4506