MID-DELTA HEADSTART
PARENT HEALTH PARTNERSHIP AGREEMENT

Between Mid-Delta Head Start

&

of __________________________________________

Parent/Guardian (print) of Head Start Enrollee (print)

The objective of the Head Start program is to facilitate health services that assist in each child’s physical, emotional, cognitive, and social development toward the overall goal of social competence; promote preventive health services and early intervention; and attempt to link each family to an on-going health care system to ensure that the Head Start child and the family continues to receive comprehensive health care even after leaving the Head Start Program.

Do you have a source of continuous health care for your child and your family? If so, please list the name of your health care provider: _________________________________________. If not, contact the Department of Human Services Connect Care (E.P.S.D.T.) and ARKids 1st programs. These two programs are designed to provide a wide range of medical/dental assistance to Arkansas families. You can also contact our office to obtain further information.

All children enrolled in the Mid-Delta Head Start program are required to have physical and dental examination within ninety (90) days of entry. If you are already enrolled in ARKids 1st or Connect Care, contact your primary care physician. When you take your child to their physician for a well-child physical please be sure to ask the physician if it is time for your child’s hematocrit or hemoglobin (HCT/HGB) screening. A low (or high) HCT/HBC reading could indicate potential health problems.

Take the attached Child Health Physical to your child’s physician and return the completed form to your child’s teacher or the central office. If the physician prefers to make a copy of their own report form that is acceptable. The physician must sign the Child Health Physical.

Take the attached Dental Health Statement to your child’s dentist and return the completed form to your child’s teacher or the central office. If the dentist prefers to make a copy of their own report form that is acceptable. The dentist must sign the Dental Health Statement. If your child needs dental follow-up please make an appointment.

IMMUNIZATIONS must be current. Children will not be allowed to attend Head Start classes if their immunizations are not up-to-date. This is a requirement of both Head Start and State Child Care Licensing.

Sick children will be excluded from class. Parents must make other child care arrangements for sick children. Children suspected of having an infectious/contagious disease must have physician’s statement before returning to class.

Children enrolled in Mid-Delta Head Start program may also receive a vision, hearing, height/weight, development, behavioral, and speech/language screening/assessment. If your child’s health care provider did not complete these screenings as part of their well-child; they will be performed by Head Start staff or local professionals. The screening results are used to individualize the Head Start program for your child.

Parents are responsible for accompanying their child to all medical/dental appointments and for keeping all follow-up appointments, as indicated by the professional. Head Start will assist with transportation on a case-by-case basis. Parents are also responsible for providing appointment results and pertinent documentation to Head Start for their child’s folder. Parents are responsible for keeping the Head Start teacher informed of emergency numbers of the child.

I hereby enter into this HEAD START HEALTH PARTNERSHIP AGREEMENT with Mid-Delta Head Start, clearly understanding the importance of my involvement in my child’s health care.

Parent/Guardian Signature: ____________________________ Date: __________

To be completed at intake
Copy in child’s folder

Staff Signature/Title: ____________________________ Date: __________