



SEVCA Head Start Medical Release

97 Park Street, Suite 1

Springfield, VT 05156

Phone: 802.460.1558

Fax: 802.885.8112

Email: headstart@sevca.org

Child's Name

Child's Date of Birth

Parent/Guardian Name

I give permission for SEVCA Head Start to share and/or obtain information regarding my child's medical history, including immunization records, recent physical records and contact information with:

Medical Providers
Name

City, State

Thank you for your assistance,

Parent Signature

Date

Staff Signature

Date

Head Start Staff Use Only

Date Faxed/Sent

By

Date Faxed/Sent

By

Date Faxed/Sent

By