

# UMCHS EHS and HS LEAD BLOOD TEST RESULTS

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Lead Blood Test Results :
Parent Education Provided on Nutrition and Lead Exposure    Yes    No
Referral Made: Yes    No Provider: _____

## AUTHORIZATION FOR RELEASE OF INFORMATION

(THIS SECTION OF THE FORM MUST BE COMPLETED BEFORE IT IS SIGNED BY THE CLIENT)

Name of Parent or Guardian \_\_\_\_\_  
(Last) (First) (Middle)

AKA's: \_\_\_\_\_  
(Last) (First) (Middle)

Name(s) of Child(ren): \_\_\_\_\_

Child(ren)'s Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Phone: \_\_\_\_\_

Relationship to child(ren): Circle one: Parent / Legal Custodian

**I authorize Umatilla Morrow Head Start, Inc to release information regarding lead blood results by the above program to the State of Oregon Lead Posion Prevention Program and the \_\_\_\_\_ County Health Department.**

**I understand that the release of this information is necessary for determining possible lead sources and medical treatment(s) when children show elevated blood lead levels(s)  
I further understand that the information to be released may include name, date of birth, address, phone number, occupations and hobbies, and medical lead testing information of children under my legal custody.**

**This permission is granted for one year from date of signature or until: \_\_\_\_\_.**

**I can cancel permission at any time, but I understand that the cancellation will not affect any information that was released prior to cancellation. I understand that medical information about my case is confidential and protected by law. I approve the release of this information. I have a legal right to approve the release of medical information for my children or children under my legal custody. I understand what this agreement means. I am signing on my own and have not been coerced into signing in any way.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Print name: \_\_\_\_\_**

**Head Start Staff Signature \_\_\_\_\_**

**TO THOSE RECEIVING INFORMATION UNDER THIS AUTHORIZATION: THIS INFORMATION DISCLOSED TO YOU IS PROTECTED BY STATE AND FEDERAL LAW. YOU ARE NOT AUTHORIZED TO RELEASE IT TO ANY AGENCY OR PERSON NOT INDICATED ON THIS FORM WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS UNLESS AUTHORIZED BY OTHER LAWS.**