

Check agencies with whom we may share information.

- School district
- Headstart
- Utility company (gas/electric/phone/ water)
- MR/DD
- Daycare/Preschool
- Help Me Grow
- WIC/ Health Department
- Other _____

List all individuals who may call, inquire, bring your child to the Clinic or pick up medical information or prescriptions.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Date

Signature of parent/guardian