



University of the Incarnate Word (UIW)
 Nursing Cardinal Wellness Center
 2547 East Commerce St. Suite 300
 210-283-6331

CP # _____

Center label

The City of San Antonio has contracted with University of the Incarnate Word Nursing Cardinal Wellness Center Nursing Faculty and Students (UIW) to provide a finger-stick blood lead screening test for your child as part of your enrollment in Head Start. You will not be charged for the lead screening test. The test does not require the parent to be present for the testing. If you want to be present during the exam, talk to your Family Support Worker so we can work together to make sure you are present when the test is done.

UIW will be at _____ Head Start on _____ to perform the blood lead test.

On the day of the exam:

1. Your child will be taken from the classroom and go to the lead screening test area.
2. The faculty and students will assist the child in washing his/her hands.
3. The test is a finger-stick. We will withdraw a drop of blood, like the child might have had at the doctor's office or WIC. We will put a band-aid on the finger.
4. After the test is done, the Head Start center staff member will take the child back to class.
5. You will be notified by a center staff member if your child's lead level was not normal.

If you need any questions answered, you may contact Linda Hook, RN at 210-414-7578

If you agree or disagree to the lead test program, please complete the form below and sign.

Consent for physical finger-stick blood lead testing from UIW

I, _____, am the responsible parent/guardian for _____,
 (printed name) (child's name)

give my permission for UIW Nursing Cardinal Wellness Center to perform a blood lead test for Head Start enrollment. I understand that this exam does not take place of my child's wellness check-up at his/her family doctor. I understand that I will be responsible for taking my child to his/her doctor if the finger-stick lead test is not normal. I understand I can get a copy of the exam from the Head Start center personnel.

Check the boxes below:

- I want UIW nursing faculty and students to perform a finger-stick lead test on my child and
 - I **do not need** to be present.
 - I **want** to be present
- I do not give consent.

 Signature of responsible parent/guardian

 Date

 Head Start Center Staff Signature

 Date