Community Colleges of Spokane

# Spokane County Head Start/ECEAP/EHS
## HEALTH REQUIREMENT REMINDER

Date _____ Child's Name _____

Parent/Guardian's Name _____

Our goal at Head Start/ECEAP/EHS is to make sure that children are healthy. Based on well child care standards, our records show that your child is due for:

☐ Well Child exam with your doctor ☐ Dental exam with your dentist

☐ Other _____

Please contact me if your child has an appointment scheduled, is currently in treatment process, our records are incorrect, if you need help getting the exams(s), or need any other assistance. I look forward to talking to you. Thank you for your help.

Family Service Coordinator (please print) _____ Phone _____

ccs 9888 (08/13) Marketing and Public Relations

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