



Lead Screening

NYS Regulation

416.11 (a) (9)

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PARENT/GUARDIAN NAME: _____

NAMES OF CHILDREN IN CARE UNDER 6 YEARS OF AGE:

_____	AGE: _____
_____	AGE: _____
_____	AGE: _____

- I agree to have my child/children lead screen tested and will provide the results to my Day Care Provider.

- I do not agree to have my child/children lead screen tested and therefore the results will not be on file with my Day Care Provider.

My signing this form indicates my Day Care Provider has provided me with information on lead poisoning and prevention and has referred me to my child's health care provider or the local health unit for lead blood screening tests.

SIGNATURE: _____ DATE: _____
(Parent/Guardian)

SIGNATURE: _____ DATE: _____
(Provider)