



# SEVCA Head Start Dental Release

97 Park Street, Suite 1

Springfield, VT 05156

Phone: 802.460.1558

Fax: 802.885.8112

Email: headstart@sevca.org

Child's Name

Child's Date of Birth

Parent/Guardian Name

I give permission for SEVCA Head Start, including the Tooth Tutor, to share and/or obtain information regarding my child's dental history, including exams procedures and contact information with:

Dental Providers  
Name

City, State

Thank you for your assistance,

Parent Signature

Date

Staff Signature

Date

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### Head Start Staff Use Only

Date Faxed/Sent

By

Date Faxed/Sent

By

Date Faxed/Sent

By