

# Pre-K Lead Screening

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**DOB**

A blood test for the presence of lead is **REQUIRED** for all students entering Pre-Kindergarten.

\_\_\_\_\_ **My child has had lead screening**

\_\_\_\_\_ **Proof Provided**

\_\_\_\_\_ **My child has NOT had lead screening**

\_\_\_\_\_ **I have been given educational materials regarding lead poisoning and screening**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date