

Health – Family Compact

Kalamazoo RESA Head Start is committed to providing comprehensive health support to all families. Kalamazoo RESA Head Start and the families of the children whom participate in a Head Start agree that this compact, outlines health requirements expected of the families and of Kalamazoo RESA Head Start.

Family Responsibilities

We understand that families who have a child in Head Start will:

1. Have a **Physical/Well Child** exam within 30 calendar days of their first day of school. which includes:
 - Growth Assessment
 - Hemoglobin
 - Hearing and Vision
 - Lead screening
 - Up-to-date Immunizations
2. Understand that failure to meet these requirements will result in our child being excluded from attending until these requirements are met.
3. Have a **Dental Exam** within 90 days of enrollment completed by a Dentist.
 - a. Unfortunately, dental screenings by a hygienist do not meet the requirement of a dental exam.
4. Contact our Family Advocate or Health Staff when a health concern or question arises.
5. Provide an Action Plan from a doctor and any required medication if our child has a chronic health condition such as asthma, allergies, seizures or diabetes. We understand that this must be done prior to the first day my child will attend school. We also understand that failure to meet these requirements will result in our child being excluded from attending until these requirements are met.
6. Provide documentation to program staff as my child obtains an updated Well Child Exam, Dental Exam, and 6 month cleanings.

Program Responsibilities

Kalamazoo RESA Head Start will:

1. Work with families to assist them with meeting their health requirements.
2. Will provide families with a folder to hold all important health and program documents.
3. Will provide the following:
 - Hearing and Vision Screening
 - Hemoglobin screening
 - Lead Screening
4. Have your Family Advocate help you establish a dental and/or medical home if needed.
5. Will communicate with you about opportunities to attend dental or hearing and vision clinics. (Note: We encourage **all** families to take their child to these appointments, as clinics are not guaranteed.)
6. Will help your family coordinate follow-up treatment that may be required for health or dental needs.
7. Will follow a doctor's treatment plan and administer medication as directed by a doctor.

I understand by signing this compact that I will adhere to the parent responsibilities.

Child's Name

Parent(s)/Guardian(s) Signature

Date

Family Advocate Signature

Date