City of Lakewood Head Start and Early Childhood Programs' Health & Development Program

Dear Family:

Welcome to the City of Lakewood Head Start and Early Childhood Program! As a program family, you and your child will become part of a comprehensive health program that will focus on your child's physical, behavioral and social/emotional well being. This will be accomplished in several ways:

- First, we will make every effort to assist you in accessing an ongoing source of continuous health care if you do not currently have one.
- Second, your child will be monitored throughout the school year for hearing and vision, growth (height and weight), as well as developmental status (your Family Support Worker will explain this process to you).
- Third, your child will be presented with a variety of health topics throughout the school year via fun activities (including daily tooth brushing), story time, and special lessons.
- Fourth, because preventative dental care is such a strong focus in the program, your child may have the opportunity to participate in a dental screening field trip during the school year. It is required that your child visit with a dentist within the first 90 days of school and every six months if possible.

In order to ensure that your child is able to participate fully in all of the program's activities, the following items are needed (if you provided a current immunization record at the time you applied, thank you):

- A current **immunization record** – presented before your child begins school.
- A **physical exam report** – due prior to or at screening appointment (any exam report within the past 12 months is acceptable). Please use attached form.
- A **dental exam report** – due prior to or at screening appointment. Please use attached form.
- A **Medication Form** needs to be completed and signed by both the parent and the physician for all over-the-counter school administered medicines.
- If your child has a prescription medication that needs to be administered during school hours, you must submit the **Medication Form** signed by you and your physician before we can administer the medication. Please use attached form.
- **Vision and Hearing Screenings** will be done at your screening appointment, along with a **Miller Developmental Screening and your child's height and weight.**

Please feel free to call ***303-275-3407*** if you need assistance with accessing health care or if questions or concerns arise.

Sincerely,
Vicki Bailey
Health & Disabilities Coordinator

City of Lakewood Head Start & Early Childhood Programs

GENERAL HEALTH APPRAISAL FORM

PARENT: ***Please complete and SIGN***
Child's Name:_____ Birthdate:_____

Allergies: ❑ None or Describe_____
Type of Reaction_____

Diet: ❑ Special _____

I,_____give consent for my child's health care provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's school, childcare or camp personnel.
Fax #_____

_____ _____
Parent/Guardian Signature **Date**
Parent/Guardian phone #: _____

HEALTH CARE PROVIDER: *Please complete after the above parent section is completed.*
Date of Last Health Appraisal:_____ Weight @ Exam_____ Height @ Exam_____

Specify any physical abnormalities_____

Allergies____ Describe_____
Type of Reaction_____

Significant Health Concerns _____

Current Medications/Special Diet_____

Immunizations Up to Date_____ Administered Today_____

Complete if Appropriate: Required for all Head Start per State EPSDT schedule
B/P_____HCT/HGB_____LEAD LEVEL_____
HEAD CIRCUMFERENCE (up to 12mths)_____TB Results_____
VISION_____HEARING_____DENTAL_____
Recommended Follow-up_____

_____ _____
Health Care Provider Signature **Date**

Date of next visit_____

OFFICE STAMP (or write Name, Address, Phone #)

Rvd 6/12/2009

City of Lakewood Head Start and Early Childhood Programs

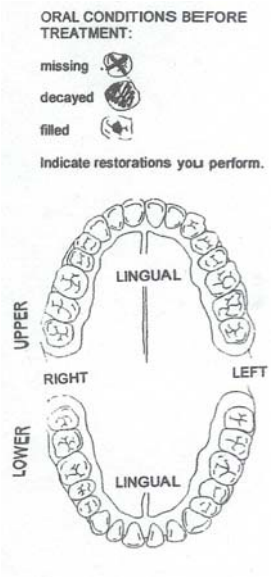
12100 W. Alameda Parkway, Lakewood, CO 80228
(303) 987-2490
PLEASE FAX COMPLETED REPORT TO: (303) 987-4863

DENTAL HEALTH RECORD

NAME OF CHILD, (LAST, FIRST, MIDDLE) Date of Birth:	PARENT'S NAME: ADDRESS: PHONE #:

SERVICES PROVIDED (Please record each treatment on a separate line)

DATE SERVICES PERFORMED MONTH	DAY	YEAR	SURFACE	DESCRIPTION OF WORK	TOOTH # OR LETTER	FEES
TOTAL						



TREATMENT CODE: SURFACES: M = MESIAL, D = DISTAL, O = OCCLUSAL, L=LINGUAL, I-INCISAL, B=BUCCAL OR LABIAL

MATERIALS: A=AMALGAM, S=SILICATE, P-ACRYLIC, C=STEEL CROWN, O=OTHER

_____ Check if more treatment is needed.
_____ Check if all work for this child has been completed.
_____ Check if treatment discontinued. Reason:_____

Dentist's Signature *Date* *License #*

Address *City* *Zip*

Rvd 6/12/2009

City of Lakewood Head Start and Early Childhood Programs

Medication Administration Procedures

The following is the procedure to use if your child requires any medication while at a City of Lakewood Head Start and Early Childhood Program.

- A Permission to Medicate form must be completed in order for any medication to be administered to a child while at our program.

- No medication will be given at school without written instructions and authorization by a healthcare provider (i.e. Physician, Dentist or Physician's Assistant). A health care provider's signature is required.

- Therefore, all prescription medications must be sent in the original container with the Pharmacy label on it. The instructions on the pharmacy label must match exactly with the instructions for dispensing the medication at school. (i.e., The pharmacy label must state the exact dosage and time that the medication is to be given at school.)

- All non prescription medications (i.e., Tylenol, ear drops, cough medicine, etc.) to be given at school must be accompanied by a Permission to Medicate Form directly from the healthcare provider with his/her dated signature. In addition, all non-prescription medications must be sent in the original container (i.e., Tylenol must be sent in a Tylenol bottle, not in a plastic bag) and labeled with the child's first and last name.

- All medications must be delivered directly to the classroom teacher by an adult (i.e., a parent, guardian, bus driver, etc.).

- The Permission to Medicate form must include the following:
  1. Child's name and age
  2. Healthcare provider's name
  3. Medication
  4. Dosage
  5. Administration route
  6. Time(s) of day to be given
  7. Possible side effects
  8. Anticipated number of days it needs to be given at a childcare facility
  9. Date
  10. Healthcare Provider's signature
  11. Parent/Guardian signature

Please contact the Health and Disabilities Coordinator, Vicki Bailey R.N., at 303-275-3407 if you have questions or concerns regarding this policy.

Alternative formats of this documentation are available upon request.

City of Lakewood Head Start and Early Childhood Programs

PERMISSION TO MEDICATE FORM

Name of Child____ Age________

Primary Health Care Provider____

Medication____________________Dosage_________________Route___________________

Purpose of Medication____

____

Time of day medication is to be given____

Possible side effects____

Anticipated number of days it needs to be given at childcare facility_______________________

____

____ ________________________

Signature of Person with Prescriptive Authority Date

- -

Parent/Guardian

I hereby give my permission for____ to take the above prescription or over-the-counter medication at the childcare facility as ordered. I understand that it is my responsibility to furnish this medication.

____ ________________________

Signature of Parent or Guardian Date

Note: The prescription medication is to be brought to the childcare facility in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority along with a copy of the medication authorization order.

Keep this form in your car's glove box for when you take your child to the doctor.

Doctor's Office Staff: Please fax to Health & Disabilities Coordinator at 303-987-4863

Alternative formats of this documentation are available upon request.

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City of Lakewood Head Start/Preschool
Healthcare Resource List

- **Jefferson County Health Dept Child Health Clinic:** 260 S. Kipling St., Lakewood. Provides immunizations at low cost. For information call ***303-239-7033***.

- **WIC Clinic**: 260 S. Kipling Street. ***303-239-7143.***

- **Carin Clinic** – 5751 Balsam St., Arvada. This clinic provides services to families who have inadequate or no health insurance. Provides sick care and immunizations for children. For an appointment, call: ***303-423-8836***.

  Hours are: Monday – 9 am- 2 pm.
  Wednesday – 1 –7 pm.
  Friday – 1 to 6 p.m.

- **Clinica Campesina Family Health Pecos Clinic** – 1701 W. 72nd Ave., 3rd Floor, Denver. **303-665-2962**

- **EPSDT** – For a listing of all health care providers who accept Medicaid, call: ***303-271-4379***.

- **MCPN Jeffco Clinic (Metropolitan Community Provider Network**) – Low cost physical exams, illness checks, and immunizations at three locations:

  JeffCo Clinic – 8500 Colfax, Lakewood. For families without insurance or who have Medicaid or CHP+ insurance. For information and hours, call ***303-239-9964***.
  Stein Kids and Teen Clinic (Stein Elementary) – 80 S. Teller St., Lakewood. For information, call ***303-238-4662***.

  Hours are: Monday and Wednesday 9:30 am – 5:30 pm
  Tuesday, Thursday, Friday 8 am – 4 pm
  Closed every 3rd Wednesday at 12 pm

  Estes St. Community Clinic (formerly Jeffco Action Center) – 8755 W. 14th Ave., Lakewood. (Located at corner of Estes and 14th in a blue trailer.) Provides low cost sick and well care for adults and children. Walk in hours and appointment times available. For more information, call: ***303-202-2911***.

  Hours are: Monday – Thursday 8 am – 6 pm
  Friday 8 am – 4:30 pm

This information is provided to you as a courtesy. In no way should this be considered an endorsement of their services or these providers.

Rvd 6/12/2009

City of Lakewood Head Start and Early Childhood Programs
Dental Resource List

All About Kids Dental Center – 2020 Wadsworth Blvd., #18A. Accepts Medicaid, CHP+ **303-431-1221.**

Children's Hospital Pediatric Dentistry Clinic - Will take most insurance and Medicaid. **303-861-6788.**

Comfort Smile Centers - Provides exam and x-rays to new patients for $19. **1-877-330-7676**

EPSDT - Through Jefferson County Health Dept. For current list of dentists who accept families with medicaid insurance call: **303-271-4389.**

Kaiser Dental Health Insurance - For a list of Dental Providers in this area call: **1-800-336-8478.**

KIND (Kids in Need of Dentistry) - For children in no insurance source. For information and an application packet call: **303-733-3710.**

Santa Fe Dental for Children - 6175 W. 38th Avenue, Wheat Ridge. Accepts Medicaid. **303-940-9755.**

University of Colorado Health Sciences Center - Cost is 33% less than private dentists. Call **303-315-8751** for application information.

For Adults - New Hope Dental Services- 4200 W. Conejos Pl., Suite LL5 (Colfax & Raleigh). Difficult to get in, must be persistent. Sliding scale for payment. Emergency appointments, $90 flat fee. Undocumented served. If selected as a regular patient, must attend an orientation class. Will do dentures. **720-956-0311**

Hours are:	Monday, Tuesday, Thursday	8 am- 4 pm
	Wednesday and Friday	8 am- 3:30 pm
	Office is closed from 12 pm- 1 pm every day	

For Adults - Dental Access - 3216 High St., Denver. Call first **303-394-0231**. Accepts Medicaid. Will see patients without insurance. Must bring in down payment. Prices lower than most dentists. $83-125 for initial exam and x-rays. They will work out plan.

Hours are:	Monday – Thursday	8 am- 5 pm
	3rd Friday of each month	9 am- 1 pm
	Office is closed from 12 pm – 1 pm every day	

MCPN-Jeffco Clinic - 8500 W. Colfax Ave., Lakewood. Need a referral from MCPN Primary Doctor. Dental Clinic **303-761-4825**.

Hours are:	Monday – Friday	8 am – 5pm

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