



Pembroke Hill School

400 West 51st Street
Kansas City, MO 64112

Evidence Of Blood Lead Testing

Missouri Revised Statute 701.344 requires early child care and education programs in areas at high-risk for lead poisoning to obtain an annual proof of lead testing for all children less than six years of age who are enrolled in the facility.

Child's name: _____

Child's date of birth: _____

Receipt of Test

Received a venous/capillary blood lead test on: _____ (date)
(circle one)

Test was administered by: _____ (signature of medical provider)

Medical provider address: _____

city state zip

Refusal of Test

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I object to my child being blood tested in order to determine if he/she is lead poisoned.

Reason for refusal: _____

Signed: _____ Date: _____

Relationship to child: _____

Parent/guardian address: _____

city state zip

Provide patient with two copies - one for record and one for early education program.

One copy should be retained in chart.