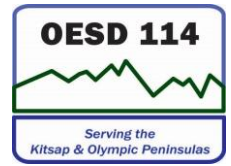




Olympic Educational Service District 114
 105 National Avenue North, Bremerton, Washington 98312
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



NUTRITION REFERRAL for Early Head Start/Head Start/ECEAP

Site: _____

Program: _____

I understand, in order to obtain required nutrition information for myself or my child, OESD must have a signed statement on file. I consent to an exchange of information between the OESD Nutrition Consultant and OESD staff via phone, fax, email, land mail or in-person consultation.

Child : _____ DOB: _____ Class: _____

Parent: _____ Phone: _____

Address: _____

Child is enrolled in WIC at: _____

Growth Chart is attached: Yes No Height: _____ Weight: _____

HCT: _____ HGB: _____ Screening Dated: _____

 Parent/Guardian Signature Phone Date

Statement of Concern and what has been done so far: _____
--

 Person Making Referral Phone Date

Follow up: _____
