COMMUNITY ACTION PROGRAM, INC. OF WESTERN INDIANA

418 Washington Street, PO Box 188
Covington, IN 47932

CAP

Ph 765-793-4881
Fx 765-793-4884

HEAD START
Physical & Dental Permission Form

SCREENING: **Physical:** ___Exam ___Follow-up ___Immunization
Dental: ___Exam ___Follow-up

Appointment Date & Time: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone Number: _____

* * * *