



## Blood Lead Level Information Acknowledgement

**Child Name:** \_\_\_\_\_

I, \_\_\_\_\_ and \_\_\_\_\_, the parent(s)/guardian  
Parent Name Parent Name

of \_\_\_\_\_, have been informed by Shining Smiles  
Child's Name

about finding a medical provider and obtaining a blood lead level screening test for my child. Shining Smiles has also provided me with [www.nyhealth.gov/environmental/lead](http://www.nyhealth.gov/environmental/lead) as a resource to gather more information

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shining Smiles Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_