MERCED COUNTY Office of Education
Steve M. Tietjen, Ed.D. | County Superintendent of Schools
Head Start Program: 1840 Wardrobe Avenue, Merced, CA 95341 (209) 381-5170

MEDICAL VERIFICATION OF RESPITE FORM
(To be completed by Medical Professional)

Child's Name:_____ **DOB:**_____

Child's Name:_____ **DOB:**_____

Parent's/Guardian's Name:_____ **Phone #:**_____

Address:_____

This family may be eligible for Head Start/Early Head Start Full Day Services. The parent/guardian listed above has indicated that there are medical reasons that they are unable to care for the child for extended periods of time and therefore require some respite services.

Please indicate the parent's condition and impact on their ability to care for their infant or preschool age child:

_____

_____

_____

_____

This condition will be resolved:

- ☐ **Indefinite (no known end date at this time)**
- ☐ **Date of anticipated resolution**_____

The family is applying for Head Start Services. Head Start services low income families in Merced County. We ask that any fees associated with this form be waived.
Thank you for your consideration.
Head Start Staff

Date this form was completed: _____

Doctor's Name: _____

Address: _____

Telephone Number: _____

Signature and/or Stamp of Medical Practitioner: _____

STAFF USE ONLY

Child's Name: _____ Child's Name: _____

DOB: _____ DOB: _____

Date Received _____