

Hemoglobin Screening Consent - WIC Program of Madison and Dane County

11/2011

I give my permission for myself and/or my child(ren) listed below to participate in hemoglobin screening. I understand this requires a finger stick sample of blood to be taken. I further understand that the WIC Program requires hemoglobin values for certification in order to receive WIC benefits.

X _____
Signature of Client or Parent/Legal Guardian **Date**

Name	Date	Result