

Lucas County Children Services **Med / Ed Distribution Information**

Child(ren)'s Name: _____ Case No.: _____

Will sharing identifying information with the parents result in adverse or negative consequences to the child? (If yes, redact identifying information and explain fully the reason for not sharing with the parents.)

N/A PC Child(ren)

Mother Yes No

If yes, redact identifying information and explain fully the reason for not sharing with the parents:

Father Yes No

If yes, redact identifying information and explain fully the reason for not sharing with the parents:

Information Provided By: _____ on _____
Caseworker of Record Signature Date

A copy of the Child's Educational and Health Information (ODHS 1443) was _____ to the
caregiver on (date) _____ by (signature) _____.

A copy of the Child's Educational and Health Information (ODHS 1443) was _____ to the
parents on (date) _____ by (signature) _____.

*This form is for internal purposes only. Whenever medical/educational documents are Completed for distribution, this form **must** be attached to the file copy of those forms.*

Additional Medical/Dental Information Obtained At Administrative Review And/Or Change Of Placement Conference

Information provided by: _____ Date _____
Case Review Facilitator

If there is additional medical/dental information in the space above, facilitator should make a copy of this form and send it to the Health Services Department.