



MESNIER PRIMARY SCHOOL

Affton School District

6930 Weber Road

Affton, Missouri 63123

314-849-5566 Fax: 1 (314) 499-9067

Tina Been, Principal

Justin Brotherton, Assistant Principal

Dear Parents,

Mesnier Primary School is cooperating with St. Louis County Department of Health to protect your child against lead poisoning. New legislation in St. Louis County requires every child entering kindergarten in any school in St. Louis County to be or to have been screened for exposure to lead. The St. Louis County Department of Health has recently provided the attached "Lead Screening Form" and important information about the effect of lead on a child's development.

Please review the attached information on lead poisoning and return the parent form to St. Louis County Department of Health. This does NOT come back to Mesnier.

If you have questions, please call Karen Laubert, school nurse, at 314-849-5566 or St. Louis County Health at 314-615-1698.

Sincerely,

Christina Been

Principal



Parent(s)/Guardian(s) Name _____

Street Address _____

City _____

State _____

ZIP _____

() _____

Area Code _____

Telephone Number _____

Child's School District / Organization & School Name _____

St. Louis County Ordinance Chapter 628 (Rev. 2000) requires the completion of this form prior to school enrollment of children less than 72 months of age.

KINDERGARTEN LEAD SCREENING FORM

This is to certify that my child, _____,
date of birth, _____:

Does Does not

- _____ Does Routinely spend time in a dwelling which was constructed before 1978 and which has peeling, chipping or flaking paint.
- _____ Does not Routinely spend time in a dwelling which was constructed before 1978 and which is undergoing renovation likely to disrupt painted surfaces.
- _____ Does Routinely spend time in the care of a person who works in a lead-related occupation or who has a lead-related hobby.
- _____ Does not Have a sibling, housemate or playmate that is lead poisoned.

This is to certify that my child:

_____ Has never been tested for lead poisoning.

_____ Was tested for lead poisoning on _____ (date), by
_____ (Name of physician).

Signature of Parent/Guardian _____

Date _____

PLEASE REVIEW THE INFORMATION ON THE BACK OF THIS FORM

THIS FORM MUST BE RETURNED TO:

Saint Louis County Health Department
Lead Poisoning Prevention Program
6121 North Hanley Road
Berkeley, MO 63134