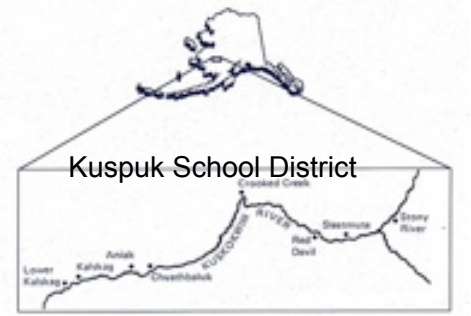


Health Services Permission Form

2012 / 2013 School Year



TO: Parents/Guardians
FROM: School Secretary
RE: Health Services Permission Form

Student's Name: _____

Student's Birthdate: _____

During the school year, various health agencies offer services to our students. The following list covers some of the procedures which will be available. Please indicate which services you would like for your child. If you mark the (NO) column, we will not include your child in the group of students who are served. By marking the (YES) column, you are giving permission for your child to participate in the health activity.

If you do not return this form to the school office, your child will not be able to receive services when they are offered through the school. Please fill out this form even if you do not want your child to receive any services so that we may have a record of your wishes in your child's file.

	<u>YES</u>	<u>NO</u>
• GENERAL HEALTH CHECK (HEIGHT, WEIGHT, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
• FLUORIDE TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>
• VISION SCREENING	<input type="checkbox"/>	<input type="checkbox"/>
• HEARING SCREENING	<input type="checkbox"/>	<input type="checkbox"/>
• TUBERCULOSIS TEST (Required by State) FINGER STICK HEMOGLOBIN	<input type="checkbox"/>	<input type="checkbox"/>
• AASA PHYSICAL (Required for extracurricular sports)	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the services above to be offered to my child.

Parent/Guardian Signature: _____ Date: _____

(It is required by state for you child to be immunized before they can attend school. If you like the school can obtain these records directly from the clinic with your permission.)