

POLK COUNTY PUBLIC SCHOOLS

School Health Screening Opt-Out Form



Dear Parent/Guardian:

Florida Statute 381.0056, Florida Administrative Code 64F-6.003 and Head Start performance standards, requires vision, hearing, growth and development, scoliosis screenings for students in the following grade levels:

- Vision—PreK, Kindergarten, 1st, 3rd, 6th
- Hearing—PreK, Kindergarten, 1st, 6th
- Growth and development/Body Mass Index (BMI)—PreK, 1st, 3rd, 6th
- Scoliosis—6th ONLY
- Blood pressure—Head Start PreK ONLY

If your child fails any screening listed above, you will be notified by letter. If you receive one of those letters, it is recommended that you take your child to a doctor or healthcare provider for an evaluation.

Your child will be screened unless you notify the school, in writing by signing below, that you do not want your child to participate.

If you have any questions, please call Health Services at 863-291-5355 X1.

ONLY SIGN BELOW AND RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.

Student's Name _____ Date of Birth _____

School _____ Grade _____

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS: (Check the ones that apply)

VISION _____ HEARING _____ SCOLIOSIS _____

GROWTH & DEVELOPMENT/BMI _____ BLOOD PRESSURE (PreK-Head Start) _____

Parent/Guardian Signature

Date