

Health Screening Authorization

Please fill out each section that applies to your child. Then sign, date, and return this entire form to the school office.

EYE SCREENING: Grades K, 1, 3, 5, & 8. Please check Yes or No

_____ Yes, I give my permission for my child to be screened.

_____ No, I do NOT give permission.

Child's Name _____ Grade _____

HEARING TEST: Grades K, 3, 5, & 8. Please check Yes or No

_____ Yes, I give my permission for my child to have a hearing test.

_____ No, I do NOT give permission.

Child's Name _____ Grade _____

SCOLIOSIS SCREENING: Grades 6, 7, and 8. Please check Yes or No

_____ Yes, I give my permission for my child to be screened.

_____ No, I do NOT give permission.

Child's Name _____ Grade _____

Parent Signature

Date