GERMANTOWN
MUNICIPAL SCHOOL DISTRICT
Excellence. Always.

School Health Screening Consent Form Homeroom Teacher_____

Coordinated School Health

School-based health screenings will be conducted for free in select grade levels. We also screen transfer students, and students needing a screening for evaluation purposes, or any student referred by a teacher.

Screenings are conducted as follows:

Vision, Hearing, Blood Pressure, Height & Weight (BMI), Scoliosis Pre-K, K, 2nd, 4th, 6th, 8th grades	**Blood Pressure, Height, & Weight (BMI), Scoliosis** Lifetime Wellness Classes

We will be screening to determine if your child has a health risk that:

1. Needs medical attention
2. Might affect his/her classroom work

If we screen your child and find any alterations from a normal screening, we will contact you concerning this issue. There are no charges for these services. All information is private and confidential. If there is a need for further evaluation by a physician a referral will be recommended. These screenings do not qualify as an examination and parents are encouraged to make sure your child has annual medical checkups as well as bi-annual dental checkups.

Please complete the following and return to the school medical records clerk:

(Please print)

I, _____, parent/guardian of _____(student)

CHOOSE ONE

(_) 1. give permission for my child to participate in all screens offered by the school.

(_)2. do not wish for my child to participate in any screening.

(_) 3. give permission for my child to only be screened for the ones I have checked below:

_____Vision _____Hearing _____Blood Pressure _____Height _____Weight _____Scoliosis

Parent/Guardian Signature:_____ Date:_____

STAFF ONLY Form Receive Date: _____Received By:_____

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