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## **PERQUIMANS COUNTY SCHOOLS**

### **Parental Consent Form for Health Screening**

Perquimans County Schools offer health screenings to our K-12 student population. The screenings offered are dental, hearing and vision. These are offered in an effort to decrease health barriers for learning and help bridge a gap between families and health care providers. Screenings may be performed by school personnel, such as the school nurse or speech language pathologist or by members of the local health department. Screening may be given individually or in a group setting. Please note, a screening is not a substitute for an exam by a medical provider. Recent legislation has mandated that public schools implement an "OPT-IN" policy requiring written parental permission for students to participate in health screenings. As a parent or guardian, you have the right to opt your child into the screenings.

Please indicate below whether you would like your child to participate in health screenings.

**Screenings will not be provided without parental consent.**

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

- I give my consent for my child to receive health screenings as described above.
- I do NOT give my consent for my child to receive the screenings as described above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_