BEST IN CLASS Health Screenings Permission Form

Student Name ___________________________________________  ID#___________________________________

The Best in Class Pre-K program is committed to ensuring all Pre-K children are healthy. Screenings are important to know that the child is well. Health screenings are offered at no cost to you.

Please check the screenings you agree to allow medical personnel (such as nurses) and/or trained professionals to administer to your child. You may also choose to opt out of some or all of the screenings if you do not wish for your child to participate.

I agree that my child may participate in the following screenings:

___ Vision
___ Dental (oral health screening using a flashlight and small mouth mirror to look for any signs of dental disease)
___ Hearing
___ Physical (includes height, weight, blood pressure, BMI calculation)
___ Developmental Screening (used to pinpoint development progress and catch delays)
___ All of the above

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_____ My child has been screened within the past year from our primary physician/dentist and a copy of the screening(s) is attached.
_____ My child has received a developmental screening within the past year and a copy of the screening is attached.
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I do not want my child to participate in any health screenings offered through the Best in Class Pre-K Program.

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Parent/Guardian Signature________________________________________  Date__________________