



## Parent/Guardian Consent for Health Screenings and School-Related Health Services

Health Screenings provide early detection and enable follow-up opportunities for sensory and physical issues that may hinder a student’s development and learning and are required by Florida law. These mandatory health screenings are identified as follows:

- **Vision Screening**
- **Hearing Screening**
- **Growth and Development Screening**
- **Dental Screening**
- **Scoliosis Screening**

Florida law requires you to consent to health screenings in writing. By signing the form and circling yes, you are indicating that you are giving consent for your child to participate in the Health Screenings. Please circle either yes or no for the health screenings you would like for your child to participate in as part of health services in the school setting.

**Please note that when necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.**

Circle Yes or No		School Health Screening Activity
YES	NO	• <b>Vision Screening</b>
YES	NO	• <b>Hearing Screening</b>
YES	NO	• <b>Growth and Development Screening</b> Height, Weight, and Body Mass Index
YES	NO	• <b>Dental Screening</b> Oral Health Screening, Assessment for Risk, and Education on Oral Health
YES	NO	• <b>Scoliosis Screening</b>

Note: Any invasive procedures such as dental sealants or other types of invasive procedures such as eye exams that may require pupil dilation, would require separate consent from the parent or guardian. A separate parent/guardian authorization will be required for the school clinic staff or any nursing staff on campus to administer daily or as-needed prescribed or over-the-counter medications, conduct child specific medical procedures or provide medical treatment.

**Parent consent will remain in effect during the timeframe the child remains in St. Lucie Public Schools.**

<b>Student Name (Last, First):</b>	<b>Student ID #</b>												
<b>Parent/ Guardian Name (Print):</b>													
<b>Parent/Guardian Signature:</b>													
<b>Date:</b>													