

SCHOOL HEALTH SCREENINGS/SERVICES  
OPT OUT POLICY

Dear Parents:

In accordance with Sec. 381.0056, F.S., the St. Lucie County School District in cooperation with the St. Lucie County Health Department will conduct health screening activities for selected student groups during the school year.

The screenings will include:

- Height and Weight, which will include Body Mass Index (BMI) calculation for grades 1, 3 and 6
- Vision Screening for grade 3
- Vision and Hearing Screenings for grades K, 1, and 6
- Scoliosis Screenings for grade 6
- Dental Screenings (PreK through 6th at select schools only)
- Vision, Hearing or Dental at teacher's request
- Vision and Hearing Screenings for new enrollees in grades K through 5 (unless previously documented)

In addition to these screening activities, your child will receive first aid and care in the event your child is injured or becomes ill while at school.

You will be informed, in writing, if your child fails to meet any of the screening standards. You are encouraged to seek further professional assistance. You may receive up to three notifications if parental action is needed. Medicaid billing may be submitted for health screenings, if applicable. Screening results may be used for surveillance, publication, grant writing or research projects.

Your child will be included in the health screenings unless you decline to participate by filling out the form below.

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**Please fill out this form and return it to the school clinic if you do not want your child included in the health screenings. If this form is not signed and returned to the school, your child will be included in the health screening.**

I DO NOT wish to have my child participate in the school health screenings listed above.

Student Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

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

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_