



# St. Nicholas Academy

## PARENT REFUSAL FORM FOR SCHOOL SCREENINGS

Dear Parent/Guardian:

Please sign the consent form below and return it to the school nurse before September 25, 2017 **ONLY if you DO NOT want your child to participate in the following screenings.** All students will be screened according to his/her grade level and screening recommendations if we do not receive this completed signed form.

\_\_\_\_\_ I **do not** want my child to participate in the scoliosis screening.

\_\_\_\_\_ I **do not** want my child to participate in the vision screening.

\_\_\_\_\_ I **do not** want my child to participate in the hearing screening.

\_\_\_\_\_ I **do not** want my child to participate in the body mass index screening.

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Parent /Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_