**ONLY RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.**

Dear Parent/Guardian,

In compliance with Florida Statute 381.0056 (7), regarding school health services and in accordance with Department of Health requirements, we are notifying you that students in the St. Johns County School System will receive free screenings for vision, hearing, and height/weight measurement for growth and development. Screening is defined by Florida Statutes as “presumptive identification of unknown or unrecognized disease or defects by the application of a test that can be given with ease and rapidity to apparently healthy persons.”

If your child is tested and the results are not in the “normal” range for the particular test,

you will be notified by letter. **Your child will be screened unless you notify the school, in writing by signing below and returning this form, no later than Thursday, October 22nd, that you do not want your child to participate.**

Nurses from the St. Johns County School District, in conjunction with school district personnel and trained volunteers, will conduct the screenings. Safety protocol in place for the health screenings will include:

1. Required face coverings
2. All volunteers will receive the school health screening check
3. Screening stations will be six feet apart
4. Regular disinfecting of equipment

We are pleased to be able to offer programs that support the health and wellbeing of our students. Please contact Stacy Stackhouse at Stacy.Stackhouse@stjohns.k12.fl.us if you have questions or concerns.

Sincerely,

Amanda Riedl

***ONLY SIGN BELOW AND RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.***

Please **DO NOT** include my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GRADE \_\_\_\_\_\_,

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in any of the health screening process (vision, hearing):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Parent Name (Printed) Signature of Parent Date