



Health Care Plan – Declination

Student's Name: _____

Date of Birth: _____

Medical Condition: _____

I, _____, acknowledge that I have been contacted by the health office staff at my child's school concerning my child's health status and at this time DO NOT believe a Health Care Plan is necessary to have on file at school.

I acknowledge it is my responsibility to reach back out to the health office and school should this status change at any point.

Parent Signature: _____ **Date:** _____

Check here if completed over the phone with parent

Name of person who spoke with parent on the phone: _____

Signature: _____ *Date:* _____

School HA/Nurse Signature: _____ **Date:** _____