

San Bernardino City Unified School District

Child Development Program

**GENERAL ACKNOWLEDGEMENT**

**FOR**

**HEALTH SERVICES**

The Child Development Program provides the following health services during the school year.

HEALTH SERVICES INCLUDE:

- Vision Screening (Elks Vision Screening Program)
- Dental Screening
- Counseling as requested

Please complete and sign the forms below to acknowledge receipt of information about the Health Screening Services Program.

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I understand my child will be receiving the recommended health services throughout the school year.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: (please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Special needs or concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_