

# Johnson County School System

## Health Screening Opt-out

6.402.2

1 Name of Student: \_\_\_\_\_

2 Name of Parent(s)/Guardian(s): \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5 I am declining to have my child participate in the following health screening conducted as part of the  
6 coordinated school health program \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date