



Conscientious Objection to Early Childhood Screening

Early Childhood Screening
Mounds View Public Schools #621
Early Childhood Education Center
500 Tenth Street NW
New Brighton, MN 55112

Child's Name: _____ Child's Date of Birth: _____

In accordance with Minnesota state law, Mounds View Public School #621 conducts Early Childhood Screening to assist parents and communities in improving the health of Minnesota children and in planning educational and health programs. To ensure identification of risk factors that may influence learning, screening requirements include the following areas:

- immunization assessment
- developmental screening to assess development of cognitive, fine and gross motor skills, speech and language, social-emotional behavior and self-help skills
- hearing and vision
- height and weight
- health history
- summary interview

_____ I understand the purpose of Early Childhood Screening and due to my conscientiously held beliefs object to having my child screened in all of the areas listed above.

OR

_____ I understand the purpose of Early Childhood Screening and due to my conscientiously held beliefs object to having my child screened in the following areas specified here: _____

Signed Relationship to the child

Relationship to the child

Date

Office Use Only: _____ Student ID Number