

CHERRY HILL PUBLIC SCHOOLS MEDICAL PERMISSION FOR HEALTH SERVICES

Health screenings are conducted annually by the nurses at all Cherry Hill Public Schools grades Kindergarten through 12th grade during the course of the school year. These screenings are required by the New Jersey Department of Education and are listed in the table below. Parents/guardians have the right to opt their child out of these health screenings.

Mandated Screenings						
Grade Level	Height	Weight	Blood pressure	Vision	Hearing	Scoliosis
K - 12	X	X	X			
K - 2, 4, 6, 8, 10				X		
K - 3, 7, 11					X	
Grades 5, 7, 9, 11						X

I acknowledge that I have received notification of the health screening program and understand the purpose and scope of these screenings as required by the New Jersey Department of Education. I understand that if no selection is made, my child will be screened in accordance with the above guidelines. **I understand that the selection made will be valid for one school year only.**

- ☐ I give **permission** for my child to participate in required health screenings.
- ☐ I elect to **opt out** of all school health screenings for my child for the current school year.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____