

**STUDENTS**

**3500F**

Student Health/Physical Screenings/Examinations - Notice of Health Services

**NOTE: This form is to be provided to students' parents/guardians at the beginning of each school year.**

Dear parent or guardian,

The purpose of this form is to provide notice of all health services offered or made available through the school by the District or by any private organizations and to provide notice of the District's policy on physical examinations and screening of students and to obtain parent/guardian consent for these services. The District's policy on Student Health/Physical Screenings/Examinations #3500 can be found in the Notus Policy Manual at <https://www.notusschools.org/board-of-trustees/policy-manual>. Additional information will be sent when available to parents providing the date and location of these services.

The District may also provide health care services without parent/guardian consent if District staff reasonably determines that a medical emergency exists and:

1. Furnishing the health care service is necessary to prevent death or imminent, irreparable physical injury; **or**
2. District staff can't contact the parent/guardian despite a reasonably diligent effort and the student's life or health would be seriously endangered by further delay in the furnishing of health care services.

The District will provide the following additional health services or examinations which can only be provided with parental permission or in the event of an emergency as described above:

Health Service or Exam		Initial to Indicate <b>Permission</b> to Conduct the Health Service or Exam
Dental Preventive Care	Fall/Spring	
Vision Screener	Fall/Spring	
Speech Screener (K-1)	Fall	
Student Well-being Assessment (7-12)		
St. Luke's Sport's trainer		
Health Service or Exam		Initial to Indicate <b>Permission</b> to Conduct the Health Service or Exam
Preventative health and wellness services and screenings as described in Policy 3500 and associated forms.		
Administering or assisting of the administration of medication as described in <a href="#">Policy 3510</a> - added link		
First aid and emergency care as described in <a href="#">Policy 3540</a> - added link		

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Student Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Name (Printed)