

Quinton Township School

Health Office

Awilliams@quintonschool.info

856-935-2379 ext. 128

Dear Parent/Guardian,

As part of our school health services, the New Jersey Department of Education requires schools to provide certain health screenings to students. These screenings are intended to identify possible health concerns that may affect a child's health, well-being, or ability to learn.

The school nurse will conduct the screenings that apply to your child's age and grade. Screenings may include:

Required New Jersey School Health Screenings

Height, Weight & Blood Pressure

Conducted **annually for students in Kindergarten through Grade 12.**

Vision Screening

Conducted **every two years for students in Kindergarten through Grade 10.**

Hearing Screening

Conducted **annually for students in Kindergarten through Grade 3 and Grade 7.**

Scoliosis Screening

Conducted **every two years for students ages 10 through 18.**

Your child's screening schedule will depend on their grade and age. If a screening indicates a possible concern, the school nurse will notify the parent/guardian and may recommend follow-up with the child's healthcare provider.

These screenings are brief and are performed by the school nurse or appropriately trained school personnel in accordance with New Jersey requirements.

Parent/Guardian Request to Decline School Screening

If you do **not** want your child to participate in the applicable school health screening(s), please complete the section below and return this form to the school nurse.

I, _____, parent/guardian of

_____ (**student name & Date of birth**),
request that my child **not participate in the following school health screening(s)**:

- ☐ Height/Weight
- ☐ Blood Pressure
- ☐ Vision
- ☐ Hearing
- ☐ Scoliosis
- ☐ All applicable school health screenings

I understand that these screenings are provided as part of the school's student health services program and that declining a screening may mean that a potential health concern is not identified through the school's screening process.

I understand that I may contact the school nurse with questions regarding the screenings or my child's health screening results.

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date: _____

Please return this completed form to the school nurse.

Thank you for partnering with us to support your child's health and well-being.