



APPENDIX D  
Alabama First Class Pre-K Program  
**Health Screenings Permission & Review Form**

The Alabama First Class Pre-K program is committed to making sure that pre-K children are healthy. To do this, our classrooms offer onsite health screenings at no cost. Please check the screenings you agree to allow medical personnel (such as nurses) and trained professionals to administer to your child. You may also choose to opt out of your child being screened.

I agree that my child may participate in the following screenings:

Vision

Dental

Hearing

Physical

All of the above

I do **not** want my child to participate in any health screenings offered through the Alabama First Class Pre-K program

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED AFTER PARENT/GUARDIAN HAS REVIEWED SCREENING RESULTS**

**I have been given the opportunity to review the results of the health screenings my child received.**

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

\_\_\_\_\_  
Date