

Appendix D: Health Screenings Permission and 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/or trained professionals to administer to your child. You may also choose to opt out of some or all of the screenings if you do not wish for your child to participate.

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

- \_\_\_\_\_ Vision
- \_\_\_\_\_ Dental
- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Physical
- \_\_\_\_\_ All of the above

\*\*\*\*\*  
 \_\_\_\_\_ My child has been screened within the last year for one or more of the above screenings and a copy of the screening(s) is attached.  
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\_\_\_\_\_ 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 SHOULD NOT SIGN BELOW UNTIL RESULTS HAVE BEEN REVIEWED!**

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

\_\_\_\_\_  
Date

