

TRINITY HALL

SCREENING EXAMS

I give the Trinity Hall school nurse or delegate permission to screen my child, _____, for the following;

Please Check all that you wish your child to be screened for:

- Scoliosis
- Vision
- Hearing
- Blood pressure
- Oral check
- Height
- Weight

Signature of Parent/Guardian

Date

DECLINATION STATEMENT

I understand that the screening are state requirements and I still **DO NOT** wish for my child _____, to be screened for any of the following listed above.

Signature of Parent/Guardian

Date