

115 S. Ludlow Street Dayton, OH 45402 Telephone: (937) 542-3405. Fax (937) 542-3456

Dear Parent of ________,

Marianne Urban, RN, CS, BSN, MSEd Director Health Services

HEALTHCHEK CONSENT FORM

Has your child had a HealthChek exam during the is a physical examination performed by a doctor or helps to ensure your child's good health, and it's F	r pediatric nurse practitioner. It
The Dayton Public School's HealthChek Program school soon, and your child is eligible to receive the is completely private and takes place on the Mobil you to be there if possible, but it is not required. No immunizations are involved. Contact the Dayton Inurse (542-3405) if you have questions regarding to exam. We will send a copy of the checkup to your one.	nis exam at school. The exam e Health Unit. We would like No blood work or Public School's HealthChek the time and date of your child's
Please check YES or NO below: [] YES, my child MAY HAVE the HealthChek	exam at school.
[] NO , my child MAY NOT have the HealthChe [] My child already had a HealthChek example.	
Parent/Guardian Signature	Date

PLEASE SEND THIS LETTER BACK WITH YOUR STUDENT TOMORROW.

The Dayton Public Schools is working in collaboration with the Center for Healthy Communities to improve access to healthcare. To do this work, we share information with other licensed healthcare providers.