Date of Birth:

Kenai Peninsula Borough School District Health Services OPT-OUT Form for Growth Screening

Student:

Alaska Statute Article 02. Section 14.30.127 mandates that school districts provide student hearing and vision screenings for possible identification of unknown or unrecognized diseases or health impairments that may affect a student's education. While vision and hearing screenings are required, growth screenings are recommended by the Alaska Division of Public Health as another tool to evaluate the health of each child. Results are confidential. The growth screenings will take place in a private setting, supervised by the school nurse. Once completed, parents will be notified in writing of screening results by the school. If you would like your child to participate in the free growth screening offered by your school, you do not have to complete this form and NO ACTION IS NEEDED. If you do not want your child to receive growth screening services at school, please sign and complete the form and return to the school office. Please do not screen my child for height and weight.	School:	Grade:
hearing and vision screenings for possible identification of unknown or unrecognized diseases or health impairments that may affect a student's education. While vision and hearing screenings are required, growth screenings are recommended by the Alaska Division of Public Health as another tool to evaluate the health of each child. Results are confidential. The growth screenings will take place in a private setting, supervised by the school nurse. Once completed, parents will be notified in writing of screening results by the school. If you would like your child to participate in the free growth screening offered by your school, you do not have to complete this form and NO ACTION IS NEEDED. If you do not want your child to receive growth screening services at school, please sign and complete the form and return to the school office. Please do not screen my child for height and weight.	The purpose of the Growth Scre	ning Program is to give you information about your child's
you do not have to complete this form and NO ACTION IS NEEDED. If you do not want your child to receive growth screening services at school, please sign and complete the form and return to the school office. Please do not screen my child for height and weight.	hearing and vision screenings fo or health impairments that may screenings are required, growth Health as another tool to evalua screenings will take place in a pr	possible identification of unknown or unrecognized diseases ffect a student's education. While vision and hearing creenings are recommended by the Alaska Division of Public the health of each child. Results are confidential. The growth rate setting, supervised by the school nurse. Once completed,
child to receive growth screening services at school, please sign and complete the form and return to the school office. Please do not screen my child for height and weight.	If you would like your child to p	rticipate in the free growth screening offered by your school
return to the school office. Please do not screen my child for height and weight.	you do not have to complete th	form and NO ACTION IS NEEDED. If you do not want your
	child to receive growth screenin return to the school office.	services at school, please sign and complete the form and
Parent/Guardian Signature Date	☐ Please do r	ot screen my child for height and weight.
	Parent/Guardian Signature	 Date
If you have any questions, please contact your school nurse. If you have more questions or concerns,	If you have any my estimated and also as	mtaat valus askaal muura. If valu kava mara ayaatia aa aa aa aa aa

please feel free to contact KPBSD Health Services at 907.283.2190 or nwalsworth@kpbsd.k12.ak.us.

8/2013