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

Student:	Date of Birth:
School:	Grade:
The purpose of the Growth Screening Prog	ght and weight and calculating Body Mass Index (BMI). gram is to give you information about your child's s KPBSD address a comprehensive approach to the
hearing and vision screenings for possible or health impairments that may affect a st screenings are required, growth screening Health as another tool to evaluate the hea	27 mandates that school districts provide student identification of unknown or unrecognized diseases tudent's education. While vision and hearing gs are recommended by the Alaska Division of Public alth of each child. Individual results are confidential. private setting, supervised by the school nurse. Once ting of screening results by the school.
If you would like your child to participate	e in the free growth screening offered by your school,
you do not have to complete this form ar	nd NO ACTION IS NEEDED. If you do not want your
child to receive growth screening services return to the school office.	at school, please sign and complete the form and
☐ Please do not screen my child f	or height and weight.
*This Opt-Out shall remain in effect until the parer	nt/guardian requests in writing to have the Opt-Out removed.
Parent/Guardian Signature	Date
If you have any questions, please contact you	ur school nurse. If you have more questions or concerns,

please feel free to contact KPBSD Health Services at (907) 260-2390.

2/2015