



Health Screening Opt-Out Form 2025-2026

ONLY RETURN IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.

Dear Parents/Guardians,

In compliance with Florida Statute 381.0056 (4)(a), regarding school health services, we are notifying you that students in the St. Johns County School System will be offered the following health screenings:

Vision (Grades KG, 1st, 3rd and 6th)
Hearing (Grades KG, 1st, and 6th)
Height/Weight (Grades 1st, 3rd, and 6th)
Scoliosis (6th grade only)

These screenings are offered to decrease health barriers to learning and may be performed by school nurses, other school personnel, and trained volunteers. If your child is tested and the results are not in the “normal” range, you will be notified by letter. **Your child will be screened unless you notify the school nurse, in writing by signing below, no later than October 15th, 2025, that you do not want your child to participate.** Such screenings do not substitute for a thorough examination by a health care provider.

We are pleased to be able to offer programs that support the health and well-being of our scholars. Please contact HCA’s School Nurse, Ms. Jana Rice, at (904) 547-4559, should you have questions or concerns.

Sincerely,

Mr. Hathaway, Principal

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ONLY SIGN BELOW AND RETURN TO THE SCHOOL NURSE IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.

Please **DO NOT** include my child, _____ GRADE _____,

Teacher _____, in any of the health screening process (vision, hearing, height/weight, scoliosis):

Parent Name (Printed)

Signature of Parent

Date