



OFFICE OF COORDINATED SCHOOL HEALTH
Bristol Tennessee City Schools
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Angela Rasnake
Health Services Coordinator

HEALTH SCREENING OPT-OUT

Dear Parent,

In the coming weeks, your 8th grade child will receive a vision, hearing, blood pressure, height and weight. School screenings are performed to determine if your child might have a problem which could interfere with learning or be a health concern. It is a wise and sound public health prevention measure.

The screenings conducted at school are screenings only and are not meant to replace a professional eye/ear exam or yearly physical. Nonetheless, the school screening tests will be carefully and accurately performed and will provide an indication of your child's functioning at this time. You will receive a summary of your child's results.

If you DO NOT want your child to participate in these screenings, you must complete and return the form below to your child's school no later than November 1.

Sincerely,

Angela Rasnake RN

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Health Services Coordinator

Child's Name _____ School _____

Homeroom Teacher _____ Grade _____

Parent's Name _____ Phone Number _____

Parent's Signature _____ Date _____

I **DO NOT** want my child to participate in the following Health Screenings:

- Height and Weight
- Blood pressure
- Vision
- Hearing

Remember, it is NOT necessary to return this form if your child HAS PERMISSION to participate.