



Switzerland Point Middle School
777 Greenbrier Road Saint Johns, Florida 32259
(904) 547-8650
www-raider.stjohns.k12.fl.us

Sandra Brunet, Principal

Wayne Beck, Assistant Principal

**ONLY SIGN BELOW IF YOU DO NOT WISH YOUR CHILD
TO BE SCREENED**

Dear Parent/Guardian:

In compliance with Florida Statute 381.0056(5a), regarding school health services and in accordance with Department of Health requirements, we are notifying you that students in the St. Johns County School System will be offered free screening for vision, hearing, and height/weight measurement for growth and development. A screening for scoliosis is also given. The purpose of the scoliosis screening is to detect signs of spinal curvature at the earliest stages so that the need for treatment can be determined. Screening is defined by Florida Statutes as "presumptive identification of unknown or unrecognized disease or defects by the application of a test that can be given with ease and rapidity to apparently healthy persons."

Nurses from the St. Johns County School District, in conjunction with school personnel and trained volunteers, will conduct the screenings. Safety protocol in place for the health screenings will include:

1. Required face coverings
2. All volunteers will receive the school health screening check
3. Screening stations will be six feet apart
4. Regular disinfecting of equipment

If your child is tested and the results are not in the "normal" range for the particular test, you will be notified by letter. **Your child will be screened unless you notify the school, in writing by signing below, no later than November 1, 2020, that you do not want your child to participate.**

We are pleased to be able to offer programs that support the health and well being of our students. Please contact Kelly Brown, LPN at 904-547-8628 or Kelly.brown@stjohns.k12.fl.us if you have questions or concerns. Screenings will be November 12, 2020. During PE.

Sincerely,

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

1. Please **DO NOT** include my child, _____, Grade ____ in any of the health screening process (height/weight, vision, hearing, or scoliosis):

Parent Name (Printed)

Signature of Parent