

## **Switzerland Point Middle School**

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

Date

## Health Screening Opt-Out Form 2025-2026

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

Dear Parents/Guardians,

Parent Name (Printed)

n 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 on:	

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 on:
Vision (Grades KG, 1 <sup>st</sup> , 3 <sup>rd</sup> and 6 <sup>th</sup> )
Hearing (Grades KG, 1 <sup>st</sup> , and 6 <sup>th</sup> )
Height/Weight (Grades 1 <sup>st</sup> , 3 <sup>rd</sup> , and 6 <sup>th</sup> )
Scoliosis (6 <sup>th</sup> grade only)
These screenings are offered in an effort 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 for the particular test, you will be notified by letter. The screenings will be on <u>February 3<sup>rd</sup></u> , <u>2026.</u> Your child will be screened unless you notify the school nurse, in writing by signing below, no later than January 20, 2026, that you do <u>not</u> want your child to participate. It should be understood that 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 students.
Please contact Kelly Brown, School Nurse at 904-547-8628 if you have questions or concerns.
Sincerely,
Principal 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 Signature**