

**Donny Hoessler, Principal**Gracie Beish, Assistant Principal
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Health Screening Opt-Out Form School Year 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 student sin 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 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. Your child will be screened unless you notify the school nurse, in writing by signing below, no later than <u>Friday</u>, October 24th, 2025, that you do not 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 wellbeing of our students. Please contact the clinic at 904-547-7919 if you have any questions or concerns.

| Mr. Hoessler, Principal                     |                                       |                  |  |
|---------------------------------------------|---------------------------------------|------------------|--|
| ONLY SIGN BELOW AND R WISH YOUR CHILD TO BE |                                       | \ <del></del>    |  |
| Please DO NOT include my chi                |                                       | , GRADE,         |  |
| Teacher, in a height/weight, scoliosis):    | any of the health screening process ( | vision, nearing, |  |
| Parent Name (Printed)                       | Signature of Parent                   | Date             |  |