



**Pulaski County Schools
Health Screening Information**

School Year: 2011-2012

Dear Parent/Guardian:

Pulaski County Schools performs yearly health screenings of students based on Virginia School Health Guidelines and as mandated by the Code of Virginia. Students in Kindergarten, Third, Seventh, and Tenth will be screened. The following screenings are conducted within the first sixty days of school:

Height Weight Vision Dental/oral

Confidentiality of all health screening results is strictly maintained. The school nurses, physical education instructors and trained volunteers, perform the screenings. Parents are invited and encouraged to contact the school nurse if they wish to be present at the time of screening.

Following the completion of screenings, **parents or guardians will be notified of any abnormal findings**. A recommendation for follow-up by your child's physician or dentist will be made if indicated.

Please sign the consent form below and return it to your child's school nurse before September 2, 2011 ONLY if you do not want your child to participate in the health screening. All students will be screened if we do not receive this signed form by the above date.

_____ I **do not** want my child to participate in the yearly health screenings.

Child's Name: _____

Teacher: _____ Grade _____

Parent/Guardian Signature _____

Date _____

Revised: May 19, 2011