

## VALLEY RIDGE ACADEMY

## Health Screening Opt-Out Form 2024-2025

## 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 students in the St. Johns County School System will be offered the following health screenings on September  $26^{th}$  and  $27^{th}$ :

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 September 19.2024, 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 well being of our students. Please contact Rachel Walker RN at 904-547-4104 if you have questions or concerns.

Angie Fuller
School Principal

Sincerely,

ONLY SIGN BELOW AND RETURN TO THE SCHOOL NURSE IF YOU <u>DO NOT</u> WISH YOUR CHILD TO BE SCREENED.

Please <b>DO NOT</b> inclu	ıde my child,		, GRADE	
Teacherscoliosis):	_ in any of the hea	alth screening	process (vision, hear	ing, height/weight,
Parent Name (Printed)		Signature of Parent		Date
105 Greenlaaf Drive	Ponte Vedra Flo	vrida 32081	904-547-4090	www.vra stichns k12 t

Debra Allred, Assistant Principal

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904-547-4090

www-vra.stjohns.k12.fl.us