



**Sandusky City Schools**  
**Parent Consent for Medical Health Screening**  
Early Childhood Education  
Pre-Kindergarten/Preschool Special Needs  
2009 - 2010

**Part I: To Grant Consent**

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ to receive a health screening by designated personnel, physician/nurse, and dentist.

The health screening will include reporting of vision, dental, height, weight, hearing, lead, hematocrit, speech/language, perceptual and cognitive development (thinking and problem solving), personal-social development, and motor development.

These services are available through the Pre-Kindergarten/Preschool program and are of no charge to me.

I understand the health screening will be shared by teachers, principals, and other appropriate school personnel; and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

\_\_\_\_\_  
Signature of parent/legal guardian/custodian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Part II: To Refuse Consent**

**(Do Not complete Part II if you completed Part I)**

I DO NOT GIVE MY PERMISSION for a health screening for \_\_\_\_\_.

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian/custodian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Part III: (To be completed by school)**

Information regarding the health screening was presented/sent by:

\_\_\_\_\_  
Name of school district representative

\_\_\_\_\_  
Date(s)