



Parental Consent Form

Dear Parent:

We are pleased to offer a FREE comprehensive health screening through the Sight Savers America KidCheck Program in conjunction with your child's school system. The screenings will be conducted during a health fair at school. A parent report form, indicating results of your child's screenings, will be sent home to you following the screening.

- GENERAL HEALTH: height, weight, temperature, respiratory and heart rates, blood pressure, heart and lung sounds, inspection of the eyes, ears, nose, throat, lungs, and heart.
VISION: Parents of children who fail their school vision-screening will be contacted by Sight Savers America for follow-up eye care services.

Sight Savers America KidCheck will collect data from our health screening to compare it to data across the state. Your child's individual information is confidential and will never be published. Sight Savers America complies with all current HIPAA security and privacy regulations.

We hope that you will allow your child to participate in this event. Please sign and return the form tomorrow. If you have any questions you may contact your school nurse.

Yes, I give permission for my child to participate in the school's SSA KidCheck health fair.
No, I prefer that my child does not participate in the school's SSA KidCheck health fair.

Parent Name Parent Signature Date

Home Phone ( ) Other Phone ( )

Mailing Address City Zip

Child's Information

If your child will be participating in SSA KidCheck, please provide ALL of the following information:

Form box containing fields for: Child's First Name, Child's Last Name, Date of Birth, Grade, Teacher, Please list diagnosed medical conditions, if any, Health Insurance: (Please check appropriate box), Medicaid, ALL Kids, Private Insurance, No Insurance

