



Parental Consent Form

Dear Parent:

We are pleased to offer a **FREE comprehensive health screening** through the Sight Savers America KidCheck Plus 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:

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)	
<input type="checkbox"/> Medicaid <input type="checkbox"/> ALL Kids <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance	