**ST. JOHNS COUNTY SCHOOL DISTRICT**

**WITHHOLD/DECLINE SCHOOL HEALTH CARE SERVICES FORM**

**SCHOOL YEAR 2023-2024**

A parent/guardian may choose to decline any or all health care services listed in paragraphs 1 through 6 of the Notice of Health Care Services form. Please print, indicate services declined, sign and submit to the school nurse.

|  |  |
| --- | --- |
| **SCHOOL HEALTH SERVICE** | **SERVICES DECLINED** |
| 1. Health Appraisal
 |  Decline |
| 1. Nurse Assessment
 |   Decline |
| 1. Nutrition Assessment
 |   Decline |
| 1. Health Counseling
 |  Decline |
| 1. Referral and Follow-Up of Suspected and Confirmed Health Problems
 |  Decline |
| 1. Consultation with Parent/Guardians Regarding Student Health Issues
 |   Decline |

**\*Annual Health Screenings for Grades KG, 1st, 3rd, and 6th**

Parent/guardian of kindergarten, 1st, 3rd, and 6th grade students receive a separate written notification for scheduled health screenings from their school. At that time, parent/guardian will have the option to decline the state mandated health screenings.

Student Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_

Student’s School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

(Must be completed annually)