**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.

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| **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)