

**ST. JOHNS COUNTY SCHOOL DISTRICT
WITHHOLD/DECLINE SCHOOL HEALTH CARE SERVICES FORM
SCHOOL YEAR 2024-25**

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
2. Nurse Assessment	_____ Decline
3. Nutrition Assessment	_____ Decline
4. Health Counseling	_____ Decline
5. Referral and Follow-Up of Suspected and Confirmed Health Problems	_____ Decline
6. 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)