

**GREENEVILLE CITY SCHOOLS
PARENTAL PERMISSION FORM**

Greeneville City Schools is committed to helping every child reach his/her fullest potential. Health problems present barriers to learning. In order to identify some potential health problems, Greeneville City Schools will be performing health screenings that will include vision checks, blood pressure checks, and height and weight checks with a calculation of BMI. The health screenings will be conducted for students in grades Pre-K, Kindergarten, 2nd, 4th, 6th, 8th, and the high school wellness class. School Nurses and the Coordinated School Health staff will be completing these screenings. We will be setting up stations for blood pressure, height, weight, and vision screening at your child's school. Each child will come to a station one child at a time.

You will be notified by letter if your child's screenings are outside normal limits.

If you do **not** want your child to participate in the health screenings, check the box and return the form to your child's school no later than **Aug. 30, 2011**. If you have any questions please call Jeannie Woolsey, Coordinated School Health Supervisor, at 823-2916. We welcome your questions or comments. Thank you.

Child's name: _____ Child's Birthdate: _____

Grade: _____

I have read this form and know what screening tests will be completed.

[] My child may **not** take part in this survey.

Parent's signature: _____

Date: _____

Phone number: _____