



PARENT OPT-OUT FORM SY 2024-2025 SCHOOL HEALTH SCREENING PROGRAM

Collier County Public Schools, in partnership with the Florida Department of Health, Collier County (DOH- Collier), Bascom Palmer, and University of Miami (BP-UM) will provide the following health screenings:

Vision	Grades K, 1, 3, & 6
Hearing	Grades K, 1, & 6
Growth and Development (height and weight)	Grades 1, 3, & 6
Scoliosis (curvature of the spine)	Grade 6

If you **DO NOT** want your child to participate in one or more of these screening activities, complete the information below, sign, and return to your child’s school prior to the date of the screening. The health screening schedule can be viewed at: www.collierschools.com/Page/3065

Student’s Name: _____ **Student ID:** _____
School: _____ **Grade:** ____ **Teacher:** _____

I **DO NOT** want my child to have the following health screening(s):

Vision **Hearing** **Height/Weight** **Scoliosis**

Parent/Guardian’s Signature: _____ Date: _____

Parent/Guardian’s Name: _____ Phone: _____
(Please Print)

For School Use Only

____ Form given to Health Screening Coordinator	Date: _____	Initials: _____
____ Information entered in Focus by Clinic Staff	Date: _____	Initials: _____
____ Form sent to Doc Vault, Category B	Date: _____	Initials: _____