

(PARENT)

HASBROUCK HEIGHTS PUBLIC SCHOOL SCHOOL HEALTH SERVICES

HEALTH SCREENING PROGRAM

The State of New Jersey mandates health screening programs for the public school students.

1. *Height, Weight, Blood Pressure and Head Lice Screening – all students*
2. *Vision Screening – grades 2, 4, 6, 8, 10*
3. *Hearing Screening – grades 1- 4 & 6, 8, 10*
4. *Scoliosis Screening – grades 5, 7, 9, 12*
5. *Dental Screening – grades 1 – 5*

(Although not mandated by policy, local dentists volunteer their time for dental screenings to our students).

The Hasbrouck Heights School District offers a comprehensive Health Screening Program, to help identify potential health problems. Parents will be given the opportunity to participate in this free program, or may choose to see their family physician at their own expense, for the necessary screenings. If you have any questions regarding the examination procedures, please contact the school nurse.

If your child has had a recent physical within the last year or a dental examination by a dentist, please have the doctors fill out the appropriate forms located on the school website and return it too the school nurse as soon as possible. This will satisfy the health screening requirements mandated by the New Jersey State Law.

Please indicate your preference by completing the attached checklist. If you choose to have any screening performed at your own expense the forms are available on the school website to be completed by the appropriate doctor. If you have any questions please contact your school's nurse.

_____ I prefer the school system to provide ALL of the health screenings

_____ I prefer the school system to provide ALL of the health screenings
EXCEPT the voluntary dental screening.

_____ I will provide all the health screenings for my child, at my own expense.

Student's Name

Grade

Parent's Signature

Date

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