

MEETEETSE SCHOOLS NURSING OFFICE
P.O. Box 218
Meeteetse, WY 82433



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HEALTH SCREENING PERMISSION

Throughout the school year, your child may be screened by the school nurse or healthcare professional in the following areas: hearing, vision, weight, height, blood pressure, scoliosis, and dental. The school nurse or healthcare professional will notify you should any of these screening results indicate a concern. If you desire your child **NOT** to be screened, you must provide the school nurse with written notification.

Thank you for being involved in your student's health.

Students name _____

I do **NOT** want my student to be screened for:

- Hearing
- Vision
- Weight/Height
- Blood pressure
- Dental
- Scoliosis
- Fluoride treatment
- PHQ-9 Mental Health Screening

Parent/Guardian Signature _____ Date _____