



HOLY TRINITY SCHOOL



PreK 2 to Grade 8
336 First Street, Westfield, NJ 0709
Ph. 908-233-0484 | Fax 908-233-6204

Health Screening Consent Form

During the school year, the children at Holy Trinity School will be asked to visit the Nurse's Office for the following:

1. Height, Weight & BP measurement (Gr. K - 8)
2. Vision Screening (Gr. K, 2, 4, 6, & 8)
3. Hearing Screening (Gr. K, 1, 2, 3, & 7)
4. Scoliosis screening (Gr. 5 & 7)
(Age 10 & older)
5. Baseline Concussion Symptom Checklist (Gr. 6, 7 & 8 only)
Necessary for sports participation

Please sign and return this form indicating whether you DO or DO NOT want your child screened.

Health screenings cannot be done without parental consent.

I have read the above health notice and agree to its conditions

School Year: _____ Screening: **YES** or **NO** (circle one)

Child's Name: _____

Grade: _____

Signature of Parent/Guardian

