**Waiver of Health Examination For School Entry**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date:\_\_\_\_\_\_

(Last) (First) (Middle)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian:**

Please fill out this form if you do not want or can’t accompany your child to have a **health examination** required by the University for School Entry. SIGN and RETURN THIS FORM TO THE SCHOOL where it will be maintained as confidential information.

NOTE: SIGNING THE WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING HEALTH SERVICES PROVIDED IN SCHOOL (HEALTH EDUCATION, FIRST AID, MEDICATION-starter dose only).

**The waiver is primarily intended for use for reasons of deeply held personal beliefs, not as a matter of convenience.**

I have been informed about the **health examination** recommended by health professionals and required by the University. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

* I choose not to have my child receive a **health examination** as part of the school entry requirement.
* I would like to have my child receive a health examination, but I am unable to accompany him/her. Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I choose to have my child receive a health examination from external entities and I am to provide any medical examination results(e.g. clinical laboratory tests, X-rays) or clearances relevant to student health record. (Return this waiver with the medical result/clearances attached).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

If Guardian, State relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_