

Wells County District Health Unit SCHOOL CONSENT FORM

Student's Name \_\_\_\_\_

Student's Grade \_\_\_\_\_

School he/she attends \_\_\_\_\_

I hereby authorize Wells County District Health Unit Staff to provide the following screenings and/or educational presentations.

Put an X through any screenings and/or presentations you DO NOT want your child to participate in.

- 1) Vision Screening
- 2) Scoliosis Screening (Grade 6 - Girls & Grade 8 - Boys and Girls)
- 3) Growth and Development(growing and changing) (Grades 5 & 6)
- 4) Injury prevention - Seat belt use - Bike safety
- 5) Immunization-7th Grade - Hepatitis B series of 3 injections  
Current insurance (if not previously received)  
information needed 2nd MMR (as needed)  
T-dap (if not previously received)  
Menactra (Meningitis Vaccine)- ages 11yrs. & older  
12th Grade - TB Screening, T-dap, & Menactra booster

Has your child had chicken pox?  
Date when your child had chicken pox? \_\_\_\_\_  
If has not had chicken pox, has your child had the series of  
2 chicken pox immunizations?

- 6) Nutrition and physical activity and the role they play in one's health status
- 7) Character Building & Social Emotional Classroom Presentation
- 8) Hand Washing and Disease Prevention
- 9) Any other health related topic requested by school personnel to be discussed/taught by the Wells County Dish'ict Health Unit Staff.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student's Name

Date: \_\_\_\_\_

\*\*\* Please Return signed form to the school as soon as possible\*\*\*\*