

Health Permission Form

Beacon Christian School

Dear Parents:

During the course of the school year your child will have the opportunity to participate in a number of health-related activities for which parent permission is required. Rather than send home a permission slip for each activity, some of them will be listed below and you are asked to sign this one sheet. If you have any questions or concerns, please feel free to contact your child's teacher or the principal.

PLEASE CHECK EACH AREA

- | | | |
|---------|--------|---|
| YES [] | NO [] | VISION screening – Done by a health professional. |
| YES [] | NO [] | HEARING screening – This is done by a health professional. |
| YES [] | NO [] | SCOLIOSIS – This applies to the fifth-ninth grade boys and girls and is be done a health professional. |
| YES [] | NO [] | DENTAL screening – may be done by a dentist or orthodontist. |
| YES [] | NO [] | TYLENOL – School personnel may administer Tylenol to my child on an as needed basis. |

Student Name: _____ Grade: _____

Teacher's Name: _____

Signature of Parent: _____

Date of Signature: _____