



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

HEALTH SERVICES DEPARTMENT
30 EAST TEXAR DRIVE, PENSACOLA, FL 32503
PHONE 850/469/5456, FAX 850/469/5346

2016-2017 Annual School Health Services Opt Out Form:

I request that my student, _____, opt out of participating in the programs indicated below.

Vision Screening

Hearing Screening

Height and Weight/BMI Screening

Scoliosis Screening

School Health Educational Programs

Other (please indicate) _____

Parent/Guardian Signature

Date

Please return this form to your student's school clinic if you choose to opt out of any School Health Services.