IUSD HEALTH SERVICES

WAIVER OF HEALTH EXAMINATION FOR KINDERGARTEN ENTRY

CHILD'S NAME-Last	First		Middle	DATE OF BIRTH-Month/Day/Year
ADDRESS-Number, Street	City	ZIP Code	SCHOOL	Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by Irvine Unified School District Board Policy 5141.3 for Kindergarten entry. ***SIGN AND RETURN THIS FORM TO THE SCHOOL*** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER ***DOES NOT*** EXCUSE YOUR CHILD FROM RECEIVING THE **IMMUNIZATIONS** REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by IUSD. 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:

☐ My child has received a physical examination within the last 12 months. I understand that another physical will be required by California State law when my child enters first grade.

☐ I choose not to have my child receive a health examination as part of the school entry requirement.

☐ I would like my child to receive a health examination, but I am unable to obtain it.

Signature of parent or guardian _____ Date _____

INQUIRE AT THE SCHOOL OFFICE OR DISTRICT HEALTH SERVICES (949-936-7520) FOR MORE INFORMATION.

Reviewed 07-01-19