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 Transitional 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 receive it at no cost to me.				
lease check one of the following:				
☐ My child has received a physical examination within the last 18 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.