

†
Absecon Public Schools

Office of Early Childhood Education- Preschool
Health Screening Consent Form
Grow NJ Kid 1.5.1

Name of Student

Date of Birth

Grade

- YES, I consent to having my child screened.
 NO, I do not consent to my child being screened.

I understand that by signing this form I am consenting for the child named above to receive a basic hearing and vision assessment. I understand this screening is only a very basic evaluation and does not take the place of a thorough examination. I would need to secure the services of a doctor in order for my child to receive a complete examination necessary to maintain healthcare.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Relationship to Child: _____

Date: _____