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.