

Four Rivers Charter Public School
2012-2013 Health Screenings
Request for Waiver

Student's name.....

Grade.....

Due to medical or religious reasons, I/we request my child to NOT participate in the following health screenings offered by Four Rivers Charter School (**please check all that apply**):

- VISION.....
- HEARING.....
- HEIGHT.....
- WEIGHT.....
- BLOOD PRESSURE.....
- POSTURAL (Gr.7, 8, & 9).....
- BMI (Gr. 7 & 10).....

My child is being followed for scoliosis at.....

Parent/guardian signature and date