



**HIGH POINT REGIONAL HIGH SCHOOL  
HEALTH OFFICE**

**MEDICAL PERMISSION/DENIAL FOR SCHOOL HEALTH SERVICES**

**Must be completed and returned to the School Health Office by August 16, 2010**

Child's Name: \_\_\_\_\_ Fall 2010 Grade: \_\_\_\_\_

Listed below are the services that are part of the School Health Program and performed by the Registered Nurse's in the Health Office. Please put a mark (X) to indicate acceptance or denial of these services.

**Services Available from the Health Office by Grade**

<b>10<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>	<b>12<sup>th</sup> Grade</b>
Height	Height	Height
Weight	Weight	Weight
Blood Pressure	Blood Pressure	Blood Pressure
Vision	Scoliosis	
Hearing		

**\* 9<sup>th</sup> Grade students are required to submit a physical, completed during their 9<sup>th</sup> grade year, by their Medical Doctor verifying that they are in good health. This is a policy of the State of NJ and can be found in your child's planner. Please note that in order for the physical to be valid for the 9<sup>th</sup> grade school year, it must be dated AFTER June 23, 2011.**

\_\_\_\_\_ **YES**, please perform the appropriate screenings on my child for their grade.

\_\_\_\_\_ I do **NOT** wish my child to receive any of the above services for this school year and I will have my child examined by their private medical doctor and **provide the school nurse with a copy.**

\_\_\_\_\_ I have submitted a completed **ATHLETIC PARTICIPATION PHYSICAL** form, pursuant to NJAC GA:16-2.2.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**IF FORM IS NOT RECEIVED BY AUGUST 16<sup>TH</sup>,  
WE WILL ASSUME YOU HAVE GIVEN CONSENT**