



WEST GLACIER ELEMENTARY
SCHOOL DISTRICT NO. 8

P.O. Box 309
160 Old River Bridge Rd
West Glacier, MT 59936

Phone: 406 888 5312
Fax: 406 888 5141

WEST GLACIER ELEMENTARY HEALTH SCREENING PERMISSION FORM

Our school has a Health Program that is designed to improve, protect and promote the health of your child. It is important for the school to have some information about each child's health. Upon school entry, the parent is requested to complete a health record. Included in the Health Program are the following screening procedures. Grade levels in which each program is offered are listed. Please read the information carefully. Check the blanks indicating whether you want your child to participate or not, and return to the school. Thank you.

HEARING SCREENING:

(KINDERGARTENS AND ALL NEW TRANSFER STUDENTS)

- Yes, I want my child to participate in this program.
 No, I do not want my child to participate in this program.

DENTAL SCREENING: Done by a volunteer dental hygienist. If a condition indicates, a referral will be made to your family dentist.

(ALL GRADES)- as available

- Yes, I want my child to participate in this program.
 No, I do not want my child to participate in this program.

VISION SCREENING:

(ALL GRADES)

- Yes, I want my child to participate in this program.
 No, I do not want my child to participate in this program.

STUDENT'S NAME: _____ Grade: _____

PARENT'S SIGNATURE: _____ DATE: _____