

WAIVER OF HEALTH EXAMINATION FOR SCHOOL 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 California law for school 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 would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DIRECCIÓN—Número/Calle		Ciudad	Zona Postal	ESCUELA	Maestro(a)

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.
CHDP website: www.dhcs.ca.gov/services/chdp