



THE LAKE AND PENINSULA SCHOOL DISTRICT

101 Jensen Drive
P.O. Box 498
King Salmon, Alaska 99613
Phone (907) 246-4280 / Fax (907) 246-4473



PARENTAL PERMISSION FOR HEALTH AND DEVELOPMENTAL SCREENING

The Lake and Peninsula School District, the Public Health Nurses and the Community Health Aide Program are working together to provide general health and developmental screening for all children within the Lake and Peninsula School District who are between the ages of 3 through 21, as required by law. The screening will consist of some or all of the following activities:

1. Tuberculin Skin Test (PPD)
2. Height and Weight
2. Vision and Hearing
3. Periodic Fluoride Treatments
4. Immunization Records Update
5. Developmental Screening

By my signature below, I give permission for my child, _____ to participate in the above activities. Records generated by the health and developmental screenings listed above are protected under the Family Education Rights and Privacy Act of 1974 for School District records and the Health Insurance Portability and Accountability Act of 1996 as amended by the U.S. Dept. of Health and Human Services for the Public Health Nurse and South Central Foundation Health Aide/Practitioner Department.

Further, I hereby authorize the use, sharing or disclosure of my child's health care and/or other information gathered in this screening by the Lake and Peninsula School District, The Public Health Nurses and South Central Foundation health workers as both senders and receivers of this information. I understand that I may revoke this authorization at any time by notifying the organizations releasing this information in writing. This authorization expires in one year.

Signature of Parent or Legal Guardian: _____

Date: _____

My child had a past positive PPD and was treated for latent or active TB: Y N
(circle one)