

Health Screening Permission Slip

Date: _____

To Whom It May Concern,

I, the undersigned, hereby give permission for my child, **[Child's Name]**, a student in **[Grade/Class]** at **[School Name]**, to participate in the health screening scheduled for **[Date of Screening]**.

I understand that the health screening will include various assessments to ensure the well-being of the students. I acknowledge that the school staff will conduct these screenings with care and confidentiality.

If I have any concerns or require further information, I will contact the school administration.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature]

[Your Relationship to the Child]

[Contact Information]