Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551 *phone*/724.356.2769 *fax*

Ms. Jessica Cole, High School Principal
Mr. Timothy Witenske, Assistant High School Principal
Mrs. Lindsey Richards, Elementary School Principal
Mrs. Brianne Eiler, Student Service Coordinator
Mrs. Katie Dunleavy, High School Nurse
Mrs. Chrystal Yates, Elementary School Nurse
Dr. Brian Harvey, Director of Pupil Services

The children are the focus…working together is the method.

HEIGHT, WEIGHT & BMI SCREENING PARENT/GUARDIAN OPT-OUT FORM

Student Name: _____
Grade: _____ **Date of Birth:** _____

ROUTINE HEALTH SCREENING

Fort Cherry High School conducts routine student health screenings that may include **height, weight, and Body Mass Index (BMI)** measurements.

Parents/guardians may choose to have their child **opt out of this routine screening**.

☐ I CHOOSE TO OPT OUT

By checking this box, I request that my child **not participate in routine height, weight, and BMI screening conducted by the school.**

I understand that:

- My child's height, weight, and BMI will not be routinely measured by the school.
- **I will not routinely receive my child's height, weight, or BMI information.**
- If I would like to receive this information in the future, I must submit a **written request to the school health office.**
- This opt-out does not prevent the school nurse from obtaining measurements when they are medically necessary to address a student's illness, injury, medication, or other health-related concern.

PARENT/GUARDIAN ACKNOWLEDGMENT

I have read and understand this form and voluntarily request that my child be excluded from routine height, weight, and BMI screening.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Phone/Email: _____

FOR SCHOOL HEALTH OFFICE USE

Date Received: _____ **Nurse Initials:** _____