

Teacher: \_\_\_\_\_

**Preventative Health Care Examinations Permission Form**  
Jefferson County Public Schools (JCPS) Health Services

Dear Parent or Guardian:

Our school is providing an opportunity for students to obtain a **FREE** preventative health care examination and/or dental examination (if applicable). When students participate in this free service, they will have completed the school physical examination and/or dental examination that are **required** by Kentucky State Law (704 KAR 4:020 and KRS 156.160).

A physical exam must be completed for students entering a Kentucky school for the first time and upon entering sixth grade. The dental exam is required for students entering kindergarten or first grade for the first time, and only includes those children who are ages 5 and 6.

Central office level Nurse Practitioners will be conducting both the physical examination and dental at the same time for the appropriate ages. The Louisville Metro Department of Public Health and Wellness will only be conducting those dental exams that are scheduled via Health Services for the five and six year old students.

If you give permissions for the examinations, you are welcome to be present, however it is not necessary. Once the examination(s) are completed, a copy of the appropriate forms will be sent home for your review. If the Nurse Practitioner performing the exam feels that it is necessary to contact you immediately, they will do so. It is then your responsibility to follow up with your child's primary care provider if you have any questions or concerns regarding the examination form(s) sent home to you.

If you would like for your child to participate in this service, please complete the information below, as well as the top portion and medical history on the attached forms, and return it to school by \_\_\_\_\_.

**School Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I give permission for the JCPS Health Services Nurse Practitioners and/or the Louisville Metro Department of Public Health & Wellness dental staff to provide my child with a preventative health care examination at school. I agree to hold the Board, its employees and agents harmless from and indemnify the Board against any claims, demands, action or judgments resulting from the actions in receiving this service.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date