

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last

First

ADDRESS—Number, Street

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.**

[Redacted signature area]

Signature of parent or guardian

Date

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

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
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Maestro(a)

Firma del padre/madre o sustituto