



Hamilton County Department of Education
School Health Program

Deny Participation Form

Hamilton County is taking part in collecting health related information sponsored by the Tennessee Department of Education. The process will be conducted for students in grades K, 2, 4, 6, 8 and 9. The health related information consists of measuring height, weight, and blood pressure. School nurses and local health professionals will collect the data.

Student names will not accompany any of the data. However, if a parent/guardian requests the health related information pertaining to their child, that information is available. No action will be taken against the school, you, or your child, if your child does not take part.

Please read the section below.

If you **do not** want your child to take part in the data collection, please sign below and return the form to the school no later than _____. **Do not return the form if your child has permission to participate.** If your child's teacher or principal cannot answer your questions about the data collection, please call Russell Cliche, Coordinated School Health Coordinator, 209-5461. Thank you.

Child's name: _____ Grade: _____

Parent's signature: _____ Date: _____

Phone number: _____