



# ALTURAS INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147  
Office@AlturasAcademy.org | AlturasAcademy.org

## STUDENTS

3500F

### Notice of Health Services

**[NOTE: This form is to be provided to students’ parents/guardians at the beginning of each school year.]**

Dear parent or guardian,

The purpose of this form and the attached copy of the Charter School’s policy on Student Health/Physical Screenings/Examinations is to provide notice of all health services offered or made available through at the School by the Charter School or by any private organizations and to provide notice of the School’s policy on physical examinations and screening of students.

This year, the School will provide the following, as appropriate and in accordance with School policy:

1. Preventative health and wellness services and screenings as described in Policies 2415 and 3500;
2. Administering or assisting of the administration of medication as described in Policy 3510;
3. First aid and emergency care as described in Policy 3540; and
4. Appropriate management of all health conditions with parental consent.

### **[INCLUDE SECTION BELOW IF APPLICABLE.]**

The School will provide the following additional health services or examinations which can only be provided with parental permission:

Health Service or Exam	Approximate Date	Initial to Indicate <b>Permission</b> to Conduct the Health Service or Exam



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The School will provide the following additional health services or examinations **unless the student's parent opts out:**

Health Service or Exam	Approximate Date	Initial <b>only</b> if you do <b>not</b> want your child to receive this health service or exam.
		<i>Opt Out:</i>
		Opt Out:
		Opt Out:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name