



Hunterdon County Educational Services Commission

Department of School Services

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Corinne Steinmetz, Superintendent

Dennis Schiller, Director of Education/School Services

Ana Flynn, RN, CSN, HCESC District School Nurse

NONPUBLIC SCHOOL NURSING SERVICES

20____-20____

Student's Name: _____

Date of Birth: _____ Grade: _____

School: _____

As required by state law, the health office will conduct yearly hearing screenings for children in Kindergarten - 3rd grade and grade 7 and biannual scoliosis screenings for children between the ages of 10- 18 beginning in 5th grade.

You may opt out of these screenings by returning this form to the health office by

September 30th annually. If the form is not returned by this date, your child will be screened in accordance with New Jersey Administrative Code - Chapter 16.

Please DO NOT screen/evaluation my child for the following:

Hearing _____

Scoliosis _____

Parent Name: (Print) _____

Parent Signature: _____ Date: _____

This authorization is in effect for the current school calendar year.

Thank you,

Ana Flynn RN, CSN, HCESC District School Nurse

Teri Haus, RN HCESC Non-Public Nurse

6/2022 AF