



Health Care Plan – Declination 2018-2019

Student's
Name: _____

Date of
Birth: _____

I, _____, acknowledge that I have been contacted by the health office staff at my child's school concerning my child's health status and at this time DO NOT believe a Health Care Plan is necessary to have on file for this school year.

I acknowledge it is my responsibility to reach back out the health office and school should this status change at any point.

Parent Signature: _____ Date: _____

School HA/Nurse Signature: _____ Date: _____