

**MILLARD PUBLIC SCHOOLS
HEALTH WAIVER FORM**

Child's Name

Birth Date

Age

School

Grade

Waiver of Physical Examination

I understand that school board policy and the laws of the State of Nebraska require evidence of a physical examination by a qualified physician within 6 months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer, from out-of-state to any other grade or school.

I do not wish my child to receive such a physical examination by a qualified physician.

Signature of Parent/Guardian

Date

(This waiver will be removed from the child's record upon receipt of completed physical form.)

Waiver of Eye Examination - (Kindergarten and Out of State Transfer Students Only)

I understand that, in accordance with Nebraska law 79-248, all students entering Kindergarten and Out of State Transfer Students will be required to receive an eye exam by a physician, PA, APRN, or optometrist within six months prior to admission.

I do not wish my child to receive such an eye examination by a qualified physician, PA, APRN, or optometrist.

Signature of Parent/Guardian

Date

(This waiver will be removed from the child's record upon receipt of eye exam results.)

Documentation of Varicella (Chickenpox) Disease

(To be filled out by the parent, guardian, or medical provider of the child/student)

This document is being submitted on behalf of: _____
Name of child/student

I _____ verify that the child/student listed above
Parent/Guardian/Medical Provider

had Varicella (Chickenpox) disease in _____.
year

Signature of parent/guardian/medical provider