

**PARENT OBJECTION TO
PHYSICAL EXAMINATION OR VISUAL EVALUATION
(For School Admission)**

I am the parent or guardian of the following children who are enrolling in the beginner grade or seventh grade in the Mead Public Schools, or who are transferring from out of state into any grade in the Mead Public Schools:

Child No. 1: _____

Child No. 2: _____

I understand that state law requires that the school be provided with: (1) evidence of a physical examination by a physician, physician's assistant, or advance practice registered nurse and (2) a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist. The physical examination and visual evaluation is required to be completed within six months prior to the entrance of the child into the beginner grade or, in the case of a transfer from out of state, to any other grade. No such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing.

I hereby object in writing to the:

_____ physical examination

_____ visual evaluation

(check one or both)

for the above named child(ren). I will not hold the Mead Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination or visual evaluation for the above named child(ren).

Dated this _____ day of _____, 2006.

Parent or Guardian

[Legal Reference: Neb. Rev. Stat. sections 79-214(3) and 79-220]