

**2022-2023 PARENTAL OPTIONS**

*(Applicable Only for the Current School Year)*

PARENTS: PLEASE READ AND COMPLETE THE INFORMATION BELOW AND RETURN IT TO YOUR SCHOOL

Student Name: Date of Birth:

Address:

City: Zip Code:

Telephone No.: Grade:

School:

**Physical Examination**

JCS, Inc. may require physical examinations of students enrolled in JCS, Inc. programs or activities. Any physical examination required by JCS, Inc. shall be kept confidential. A parent or guardian having control or charge of any child enrolled in public schools may file annually with the principal of the school in which s/he is enrolled a statement in writing, signed by the parent or guardian, stating that s/he will not consent to a physical examination of the child.

* I **do not** want my child to undergo a physical exam for JCS, Inc. programs or activities.
* I grant consent for my child to undergo a physical exam for JCS, Inc. programs or activities.