June 11, 2015

Your permission is needed to have your son/daughter tested for Tuberculosis by the Florida Department of Health in Pinellas County.

PLEASE FILL OUT AND SIGN THE PERMISSION SLIP BELOW. BRING IT TO THE PINELLAS PARK HIGH SCHOOL CLINIC SCREENING ON JUNE 29TH.

If you have any questions, please feel free to call and speak to a TB Nurse at **(727) 824-6953**.

PERMISSION SLIP

Student Name _____ Date of Birth_____
Last First Middle (please print)

Address _____

Grade_____ Teacher _____

Has your child ever had a TB test? Yes No If yes, Date _____

Name of clinic/physician _____Telephone # _____

I hereby grant permission to the Florida Department of Health in Pinellas County to perform a TB blood test on the above named child.

Parent Signature _____ Date_____