

**Grapevine-Colleyville ISD**

**School Health Services**

EXCLUSION FROM SPINAL SCREENING FOR REASONS OF CONSCIENCE

I am aware of the spinal screening requirements mandated by Texas state law and exclusion from the mandated screening for reasons of conscience, which may include religious belief. I understand that this exemption has to be notarized and submitted to the school nurse on or before the day of screening.

I, therefore request that my child, \_\_\_\_\_ be exempt from spinal screening.

Date \_\_\_\_\_ signed \_\_\_\_\_  
Parent or Guardian

Address \_\_\_\_\_  
Street address

\_\_\_\_\_  
City State Zip

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Tarrant County, TX.

My commission expires:

\_\_\_\_\_