

ATTN: Mainspring Academy Records

6700 Southpoint Pkwy, Suite 400

Jacksonville, FL, 32216

(904)503-0344

info@mainspringacademy.org

RE: Opt Out of Medical Screening; (Screening Type) \_\_\_\_\_

(Date)\_\_\_\_\_

To whom it may concern,

Please excuse my child (Student Name) \_\_\_\_\_ from the medical screening that is to take place at Mainspring Academy on (Date)\_\_\_\_\_. Thank you.

Best,

(Parent Name)\_\_\_\_\_

(Signature) \_\_\_\_\_

(Student Name): \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(Email Address) \_\_\_\_\_