



Dear Parent/Guardian:

The health office will be conducting the following screenings:

Hearing: Grades K-3, Grade 7

Vision: Grades K-5, Grade 7

You will be notified ONLY if medical evaluation is recommended.

Please return this form to the Health Office if you **do not** wish to have your child screened. If we do not receive a response your child will be screened.

Thank you,

Ann Langlois, RN BSN

I **do not** want my child screened for hearing.

I **do not** want my child screened for vision.

Parent Signature: _____ Date: _____

Child's Name: _____ Grade: _____