



## VISION & HEARING WAIVER FORM

This year all students in grades 1, 5 and 8 will be screened for vision and hearing.

Please sign below and return to the school receptionist only if you ***do not want*** your child included in the Vision & Hearing screening.

**I do not wish** my son/daughter to be included in the Vision & Hearing screening.

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_  
Parent's name (printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date