



**Vision and Hearing Screening Waiver**

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state mandated annual school vision and/or hearing screening/monitoring for the current school year as indicated below:

- Vision only
- Hearing only
- Vision and Hearing

I understand that this waiver to exclude my child needs to be renewed each school year or my child's vision and/or hearing may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school screenings. I understand by choosing to exempt my child from the district vision and/or hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/vision health and/or hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision health and/or hearing/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled vision and/or hearing screening/monitoring.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

This area for office use only:  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_

