



School Vision and Hearing Screening Waiver 2021-2022

Date: _____

Student's Name: _____ Grade Level: _____

Home School: _____

I _____, the parent/legal guardian of the above-mentioned student, request that they be exempt from the state mandated annual school __vision __hearing (please check) screening/monitoring for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year**. I cannot hold the district liable in any way for any undetected changes in vision or hearing health or for any related services/accommodations that they may not receive due to any unidentified changes in vision or 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.

(Signature of parent/legal guardian)

(Date)

(Printed name of parent/legal guardian)

(Phone number)