



**Parental Objection to Screening Form**

To: School Health Services/Principal

I do not wish for my child to have the following screenings in the 20 -20 school year. I understand that I may change my mind at any time and will do so in writing.

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

Exclude from:  Vision  Hearing

reason: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature Date: \_\_\_\_\_