



Parental Objection to Screening Form

To: School Health Services/Principal

I do not wish for my child to have the following screenings in the 2022-2023 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: _____