



VISION SCREENING EXEMPTION FORM

To: School Nurse

Due to a personally held belief, I do not wish for my child to have a vision screening during this school year until further notice. I understand that I may change my mind at any time and will do so in writing.

My child's name is: _____

School: _____ Grade: _____ Teacher: _____

Signature: _____ Date _____

Printed name:

I am the child's _____ parent _____ guardian