

**Oldham County Board of Education
Department of Pupil Personnel – School Health Services
Hearing and Vision Screening Program
Parent/Guardian Consent Response Form
GRADE K thru 5**

STUDENT'S NAME _____

Team/Grade _____ School _____

***Parent/Guardian: Please respond YES or NO and return form to school promptly.**

HEARING

School Hearing Screening Program

Eligible Students: All students in grade 1, 3, and 5. Teacher referrals in grades K, 2 and 4.
Equipment Used: Audiometer
Conducted by: First screening completed by trained volunteers. Students who do not pass first screening will re-screened by a Registered School Nurse.
Referral Notices: Parent/Guardian will be notified in writing if further evaluation is recommended.

VISION

Kentucky Eye Examination (KRS 156.160.8) Proof of a vision examination by an optometrist or ophthalmologist completed on *Kentucky Eye Examination Form for School Entry*. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year old child is enrolled in public school, public preschool, or Head Start Program. The school will keep the original form.

School Vision Screening Program

Eligible Students: All students in grade 1, 3, and 5. Teacher referrals in grades K, 2 and 4.
Equipment Used: Snellen "E" chart and Random Dot "E" test for K, 1, and 3rd grades. Titmus Vision screening machine for 5th grade.
Conducted by: Registered School Nurse
Referral Notices: Parent/guardian will be notified in writing if further evaluation is recommended.

My student is allowed to participate in hearing screening. YES _____ NO _____

My student is allowed to participate in vision screening. YES _____ NO _____

I understand that community volunteers are used for student health screening and I consent to the disclosure of personally identifiable student information solely for the purpose of completing the above screenings for which I have granted permission. If I do not give consent to the disclosure of my student's personally identifiable information, I will notify "School Health Services" in writing and my student's screenings will be performed by an employee of the Oldham County Board of Education.

Parent/Guardian Signature: _____ **Date:** _____