



**C.H. Campbell
ELEMENTARY SCHOOL**

300 Moreland Drive ♦ Canfield, OH 44406
(330) 533-5959 ♦ Fax: (330) 702-7061
canfield.access-k12.org/ch

Principal: Travis Lavery
Secretary: Jill Scharf

School Vision Screening Monitoring Waiver

Date: _____

To: Parent(s)/Guardian of _____

Vision Screening Waiver

School Year 2020/2021

Child's Name: _____

School: C. H. Campbell Elementary School

I _____, the parent/legal guardian of _____

_____, request that he/she be exempt from the state mandated annual school vision screening/monitoring for the current school year. I understand that this **waiver to exclude my child needs to be renewed each school year** or my child's vision may be screened/monitored as mandated by the Ohio Department of Health guidelines for school vision screenings. I understand by choosing to exempt my child from the district vision screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/ vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/ vision health.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

This area for office use only:

Received by: _____

Date: _____