



School Hearing Screening Monitoring Waiver

School Year: 20__-20__

Student's Name: _____

I _____, the parent/legal guardian of _____, request that he/she be exempt from the state-mandated annual school hearing 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 hearing may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school hearing screenings. I understand by choosing to exempt my child from the district hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled hearing screening/monitoring.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

<p><i>This area for office use only:</i></p> <p>Received by: _____ Date: _____</p>
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