

## School Health Screenings Opt Out Form



Special School District of St. Louis County (SSD) is committed to the health and well-being of our students. We periodically partner with community health organizations to offer free, voluntary screenings for vision and hearing health during the school day.

These screenings help identify potential health concerns early so families can seek appropriate care. While we encourage participation in these services, you can opt your student out of them.

Please complete this form to let us know if you want to opt your student out of these screenings. School staff will be informed of your decision.

**FAMILY DECISION:** Please check the boxes that describe your choice.

☐ **NO** I do not permit my student to participate in the school health **vision screenings** offered at their school.

☐ **NO** I do not permit my student to participate in the school health **hearing screenings** offered at their school.

I understand that checking NO on any of the boxes above will prevent my student from receiving screenings. My choice will not affect other school health services or permissions, and I am responsible for ensuring my student receives these health screenings through my healthcare providers as needed. \_\_\_\_\_ (Initial here)

### STUDENT INFORMATION

Student's Full Name (please print):

Student's Date of Birth:

School:

Grade:

### FAMILY CONTACT INFORMATION

Primary Contact Full Name (please print):

Relationship to Student:

Signature:

Date:

Address:

Phone Number:

Email Address (optional):

Please return this completed form to your child's school office.

If you do not fill out and return the form, the District will consider that you have given permission for your student to take part in eligible screenings.