



UPPER ARLINGTON SCHOOLS

1619 Zollinger Road | Upper Arlington, Ohio 43221 | (614) 487-5000

Upper Arlington City Schools Vision and Hearing Screening Waiver

Date: _____

Parent(s)/Guardian of _____

Vision and Hearing Screening Waiver: until further notice

Child's Name: _____

School: _____

I _____, the parent/legal guardian of _____, request that he/she be exempt from the state mandated annual school vision and 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 vision may be screened/monitored as mandated by the Ohio Department of Health guidelines for school vision and hearing screenings. I understand by choosing to exempt my child from the district vision and hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/vision health or hearing or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision health or hearing. 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 vision and hearing screening/monitoring.

Signature of Parent/Legal Guardian

Date: _____

Printed Name of Parent/Legal Guardian

This area for office use only: Received by: _____ Date: _____