Hearing/Vision/Motor Screening Consent Form

Student Name: _____ Grade: _____

School: _____ Birthdate: _____

As part of our ongoing commitment to the health and well-being of our students, we will be conducting screenings at your child's school. This form must be completed and returned if you would like for your child to be screened. Your signature below certifies that you are the parent/legal guardian of the child names above, giving permission for this child to be screened.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Powell County Schools
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