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Haysville, Kansas 67060
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Beth Schutte, R.N.
District School Nurse

PARENTAL REFUSAL OF VISION SCREENING

As the lawful custodian of _____, I have been notified by the Haysville Unified School District #261 that my child is in need of a vision screening. Even though _____ is eligible to receive the vision screening offered by Haysville Unified School District #261, I am exercising my right to refuse the offer of this service. This refusal form is valid for the current school year only.

Signed _____ Date _____

Address _____

If you have any questions or concerns, please give me a call.

Thank you,

Beth Schutte, R.N.
District School Nurse for Haysville Schools