

Lordstown Local Schools
1776 Salt Springs Rd Warren, Ohio 44481
330.824.2572/ 330.824.2568 Fax



Date:_____

To: Parent(s)/Guardian of

Hearing Screening Waiver

School Year: 20____ - ____

Child's Name: _____

School: _____

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 vision 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

This area for office use only:

Received by:_____ Date: _____