

SCHOOL ADMINISTRATIVE UNIT #24
DISTRICTS OF
Stoddard Henniker Weare John Stark

CONSENT FOR VISION SCREENING

School: _____

Date: _____

Student: _____

DOB: _____

Grade: _____

Teacher: Drivers Education Course

Parental consent is required before the school nurse can evaluate hearing and/or vision on any student. A hearing and/or vision screening may be performed to assess whether a student's hearing or vision is impaired and thus affecting a student's ability to learn to the best of their ability.

Vision/Vision Screening: assess whether a student's vision is impaired

Student wears glasses NO / YES → NEAR OR FAR

Student has had a recent vision screening NO / YES → Date: _____
 ↳ if yes please provide copy of results for health file

I understand the nature of, and reasons for, the evaluations shown above. I further understand that my consent is voluntary and may be revoked at any time.

I do give permission for my son/daughter to be evaluated

I do not give permission for my son/daughter to be evaluated

Signature: _____

Date: _____

Parent/Guardian/Surrogate/Adult Student