



Dublin City School District

Students  
5310 F3  
Revised 3/8/23

## School Vision and/or Hearing Screening/Monitoring Waiver

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(print first & last name) (print first & last name)

request that he/she be exempt from the state mandated annual school:  vision screening/monitoring only,  hearing screening/monitoring only,  both the vision & hearing screenings/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/hearing may be screened/monitored as mandated by the Ohio Department of Health guidelines for school vision/hearing screenings.

I understand by choosing to exempt my child from the district vision/hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/hearing or vision/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/hearing and vision/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 vision/hearing screening/monitoring date.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
This area for office use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_