

Vision and Hearing Consent Form

Please Print

School Name: St. Paul's Lutheran, Bourbonnais

Childs Name: _____
Last Name Middle Initial First Name

Sex: M F Age: _____ Date of Birth: ___/___/___

Parent / Guardian Name: _____

Address: _____ Telephone: _____

City: _____ State: IL Zip Code: _____

Grade Entering: _____

Please circle-

Vision: YES NO (Required PreK, 2, 8, Special, Transfers, Referrals)

Hearing: YES NO (Required PreK, K, 1, 2, 3, Special, Transfers, Referrals)

I hereby authorize Valerie Bennett, Certified Hearing & Vision Technician, to perform vision and hearing screening on the child listed above. I also acknowledge that the results from the hearing and vision screenings will be released to the above mentioned school.

I also understand that the vision test is *required* for all preschoolers, 2, 8, spec ed., teacher referrals and transfer students. Hearing is *required* for all preschoolers, K, 1, 2, 3, spec ed, teacher referrals and transfer students. You will be charged \$4 per screening.

No test is required for a those students that already wear glasses or have hearing enhancement devices.

Parent/Guardian Signature

Date

Screening Staff Only:

Date Screening Completed: _____

Vision Screening: PASSED FAILED Referred for Glasses: YES NO

Hearing Screening: PASSED FAILED