

MAHONING COUNTY CAREER AND TECHNICAL CENTER

School Vision and Hearing Screening Monitor Waiver for School Year 2024-2025

I, _____, the parent/legal guardian of _____, request that he/she be exempt from the state mandated school vision and/or hearing screening for this current school year. If I choose to revoke this waiver, it is my responsibility to provide a written/signed notice to the School Nurse.

I understand that by choosing to exempt my child from the district vision/hearing screening, I cannot hold the district liable in any way for any undetected changes in vision/hearing health or for any related services or accommodations that my child may not receive due to any unidentified changes. I further understand that should I wish to revoke this waiver during the current school year, it is my responsibility to provide a written and signed note to the School Nurse.

Check the following screening(s) to be waived:

_____ **NO, I do not want Vision Screening conducted for my child.**

_____ **NO, I do not want Hearing Screening conducted for my child.**

Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian _____

Date: _____