**Letter: E**

**SAMPLE Screening Waiver Letter**

[School Letterhead]

**School Vision Screening Monitoring Waiver**

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

**To: Parent(s)/Guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vision 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 vision 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 vision 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 vision screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision 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 screening/monitoring.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Legal Guardian

This area for office use only:

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