WCSD VISION SCREENING OPT-OUT FORM

| As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of  vision screening. | | | | | |
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| Student name: | | | DOB: | | School Year: |
| School: | Grade: | | | Teacher: | |
| **Parent to Complete** | | | | | |
| As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.  I understand that this request is for the current school year only. This form may be re-submitted each school year. | | | | | |
| Parent/Guardian Name: | | | | | |
| Parent/Guardian Signature: | | Date: | | | |