

LONG COUNTY SCHOOL SYSTEM
468 South McDonald Street
Ludowici, GA 31316
Parental Consent for Vision and Hearing Screening

Date: _____

Dear Parent/Legal Guardian/Surrogate Parent of _____:

Undetected problems with vision and hearing may be an underlying source of difficulty in school. We are asking that you provide permission to test your child's vision and hearing by signing below. You will be notified of the results. Please call the school if you have any questions.

Thank you for your cooperation.

Sincerely,

Signature

Title

* Please return this form to your child's teacher.

____ Yes, I agree for the Long County School System to evaluate my child's vision and hearing.

____ No, I do not agree for the following reasons:

Signature of Parent/Guardian/Surrogate

Date