

Long County School System
PARENT PERMISSION FOR VISION AND HEARING SCREENING

Student Name: _____ Date: _____
School: _____

Dear Parent:

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

Teacher Signature

Student Name: _____

I hereby give permission for the school to do a vision and hearing screening for my child.

Date: _____ Parent Signature: _____

Please return this form to the school.