



Vision and hearing permission slip

By completing and signing this form, you (parent/guardian) give permission to Spirings Charter Schools to provide vision and hearing screening to your student. Screening will be conducted by either the school nurse or contracted nurse providers.

Student Name: _____ Date of Birth: _____ Grade: _____

Charter School: River Springs Citrus Springs Empire Springs Vista Springs Pacific Springs
 Harbor Springs Inland Empire Springs

Site/Program: _____

Student has an Individualized Education Plan (IEP): (circle) Y/N Student wears glasses/lenses: (circle) Y/N

**If yes, the student must wear glasses/lenses for the evaluation.*

Parent/Guardian Name (please print): _____

Signature of parent guardian: _____ Date: _____

Do not forget! Call 951-225-7748 to make an appointment.

In order to be screened, you **must** make an appointment for the designated screening day. Appointments are made in 15-minute increments so please be sure to be on time Please call the Health Services Department at (951) 225-7748 to make an appointment.