



## Vision and hearing permission slip

By completing and signing this form, you (parent/guardian) give permission to Springs 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 951-526-3154 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 951-526-3154 to make an appointment.