



## Vision and Hearing Permission Slip

By completing and signing this form, you (parent/guardian) permit 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: \_\_\_\_\_

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 951-516-8338 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 on time. Please call the Health Services Department at 951-516-8338 or email [jamie.stell@springscs.org](mailto:jamie.stell@springscs.org) to make an appointment.

**Return Fax: 951-489-0494 or email: [jamie.stell@springscs.org](mailto:jamie.stell@springscs.org)**