

Health Services

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NOTICE OF NON-CONSENT FOR VISION & HEARING SCREENINGS

ONLY SIGN IF YOU DO NOT WANT YOUR CHILD SCREENED

Dear Parents,

Jefferson County Public Schools (JCPS) Health Screening Nurses, conduct vision and hearing screenings each year on various student groups. Consent is not required for students to participate in vision and hearing screenings. However, if you **DO NOT** want your child screened, you **must** sign the form at the bottom of this page and return it to the school your child attends.

If your child is under medical care and has hearing aids or other hearing devices, and you feel like they do not need to be screened, please sign the form and send back to the school.

Our vision and hearing screening program is described below in order to help you better understand the process and let you know about how various groups help us. We hope this information helps you make your decision. If you have any questions please feel free to call and speak to one of the Health Screening Nurses at 485-3387. Thank you.



School Vision Screening Program:

(The screening program that Health Services performs does not replace the eye examination by an optometrist or ophthalmologist.) A vision examination by an optometrist or ophthalmologist must be completed and submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year-old child is enrolled in a public school, public preschool, or Head Start program. For more information regarding the vision exam, please call JCPS Health Services at 485-3387.

- Eligible Students:** Currently 3rd, 4th and 5th grade, Exceptional Child Education students (both resource and self contained)
- First Screening:** Trained staff and volunteers will screen students using an eye-screening chart
- Second Screening:** JCPS Health Screening Nurses (LPN's & RN's) will re-screen students who do not pass the first screening
- Equipment Used:** Eye Chart (first screening) and Titmus Vision Screening Machine (second screening)
- Referral Notices:** JCPS Health Services will notify parents/guardians if further evaluation is recommended



School Hearing Screening Program:

- Eligible Students:** Grades K-2, Exceptional Child Education, and teacher referrals in Grades 3, 4 and 5
- Equipment Used:** Audiometer and Tympanometer
- Conducted By:** JCPS Health Screening Nurses (LPN's & RN's) and Speech Clinicians
- Referral Notices:** JCPS Health Services will notify parents/guardians if further evaluation is recommended.

Parents/Guardians Response Form

Notice of "Non-Consent" for Vision and Hearing Screening

No, I **DO NOT** want my child to participate. I understand that by signing this form, my child **will not** have his/her vision and hearing screened at school.

Student's Name: _____ Birth Date: _____ Grade: _____

School: _____ Teacher: _____ Room: _____

Parent/Guardian Signature: _____ Date: _____

Notice to School: Staple this form to the front of the student's health card.