

Dear Parent/Legal Guardian,

The Marion County Public Health Department provides state mandated vision screening services for all students in first, third, fifth and eighth grades. We also screen any new students who have transferred into Marion county from other counties or from out of state, and any student suspected of having vision problems.

If your child wears glasses and/or contacts, we expect him/her to complete their screening with their visual aids. It is important to us that your child pass his/her screening, versus failing them unnecessarily because their glasses/contacts were not with them. If your student has a pre-existing medical issue and is under the care of a doctor, please let us know.

You, as the parent or legal guardian, have the right to decline this service for your child. If you do not want the Marion County Public Health Department to conduct a vision screening on your child, please complete the bottom half of this letter and return it to the school. This letter will be copied and kept on file at the school as well as with the MCPHD screening staff.

Thank you,

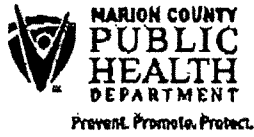
Marion County Public Health Department

I, _____, do not want my child _____ to receive vision
 Parent's Name Child's Name
screening services. My student is in _____ grade. His/Her teacher is _____

Thank you,

 Parent/Legal Guardian Signature Date

HEARING



Dear Parent/Legal Guardian,

The Marion County Public Health Department provides state mandated hearing screening services for all students in first, fourth, seventh, and tenth grades. We also screen any new students who have transferred into Marion County from other counties, or from out of state, and any student suspected of having hearing problems.

If your child wears hearing aids, we expect him/her to complete the screening with their hearing device. It is important to us that your child pass his/her screening, instead of failing him/her due to not having the hearing device with them. If your student has a pre-existing medical condition and is under the care of a physician, please let us know.

You, as the parent or legal guardian, have the right to decline this service for your child. If you do not want the Marion County Public Health Department to conduct a hearing screening on your child, please complete the bottom half of this letter and return it to the school. This letter will be copied and kept on file at the school as well as with the MCPHD screening staff.

Thank you,

Marion County Public Health Department

I, _____, do not want my child _____ to
Parent Name Child's Name
receive hearing screening services. My student is in _____ grade. His/Her teacher is

Thank you,

Parent/Legal Guardian Signature

Date