

Vision Screening Permission Form

Dear Parent or Guardian of student entering Grade: _____,

A free vision screening will be offered on registration day (August 5, 2009) for all new students to Northland Preparatory Academy. We recognize that your child may already be receiving regular exams by a medical professional so this service might not be necessary. Please choose an option below and submit on registration day or mail/fax prior to school starting.

I, _____,
(parent/guardian name – PLEASE PRINT)

- grant permission for my child, _____, to have his/her vision screened.
- decline permission for my child, _____, to have his/her vision screened.

Volunteers will administer the screening. Vision screening is a good beginning to vision care; however, it is not a substitute nor replaces a professional or comprehensive eye examination.

You will be notified of any concern about your child's results, in which case a professional exam will be suggested. Privacy regulations will be followed in compliance of informing parents/guardians of the child's data to be collected and how it will be used, and providing assurances that the use will be restricted to the stated purposes of referring the child to a professional eye examination.

Payments for the professional eye exam referrals are not the monetary responsibility of the school.

Signature of parent/guardian

Date