

## LaBrae School Vision Screening Monitor Waiver

I \_\_\_\_\_ the parent/legal guardian  
of \_\_\_\_\_, request that  
he/she be exempt from the state mandated annual school vision screening/monitoring for the current  
schol year. I understand that **this waiver to exclude my child needs to be renewed each school year** or  
my child's vision may be screened/monitored as mandated by the Ohio Department of Health guidelines.  
I understand by choosing to exempt my child from the district vision screening/monitoring, I cannot hold  
the district liable in any way for any undetected changes in vision /vision health for any related  
services/accommodations that he/she may not receive due to any unidentified changes in vision/vision  
health. I further understand that should I wish to revoke the waver during the present school year, it is  
my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the  
schools scheduled vision screening/monitoring.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

This area for clinic staff only

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date