

SAMPLE VISION SCREENING OPT-OUT FORM

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
Parent to Complete		
As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing.		
I understand that this request is for the current school year only. This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	