

BURNHAM SCHOOL DISTRICT 154.5

13945 Greenbay Avenue

Burnham, IL 60633

708-862-8636

Vision and Hearing Screening Permission Form

Dear Parent/guardian,

The Illinois Department of Public Health mandates that children at specific age and grade levels receive vision and hearing screening from a certified technician or nurse. Burnham school will be providing vision and hearing screening services for current students. These screenings will be performed at the school on a date to be determined and at no cost to you. You will be notified of the screening results by the school. **Please note that a screening does not substitute for a comprehensive eye/ear examination by an eye or ear care practitioner. If you have any concerns about your child's vision/hearing contact a professional about an eye or ear examination.** Also, this form does not guarantee that your child will be screened. The children in these categories are required by law to be screened and will be screened first: Pre-K through 3rd grade, 8th grade, transfer students, those specifically referred by a teacher, and those in special education classes. All students outside of these categories will be screened if time allows.

Parental permission is required to screen your child. Please complete this form.

Yes _____ I give my permission for my child to participate in the vision and hearing screenings.

No _____ I do not wish for my child to participate in the vision and hearing screenings.

Parent/Guardian name (Print): _____

Parent/Guardian (signature): _____ Date: _____

(For office use only)

Received by: _____

Date: _____