Jen Gerrard - School Nurse Specialist
Student Services Department
Jen.gerrard@canyonsdistrict.org
801-826-5066

Canyons School District Vision and Hearing Screening Opt Out Form

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

A parent/guardian may **opt their student out of hearing screening** by completing this form and returning it to the school office.			
Student name:		DOB:	School Year:
School:	Grade:	Teacher:	
Parent to Complete			
As parent/guardian of the above named student, I do not wish for my student to receive a **hearing screening** during this school year. I understand I may change my mind at any time and will do so in writing. I understand this request is for the **current school year <u>only</u>**. This form may be re-submitted each school year.			
Parent/Guardian Signature:			
Parent/Guardian Name:		Date:	

Office Personnel:

Please provide a copy of this form to your assigned school nurse upon receipt.