



Vision Screening OPT OUT Form

The vision screening will be performed by the Lion’s Club on **Tuesday September 11th from 9am-11am**. The screening is not invasive and will give either a pass or referral result. Please complete the following portion and return to your child’s school.

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I **do not** give permission for my child, _____ (Please PRINT child’s full name) to receive vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.