

SCHOOL HEALTH SCREENING PROGRAM 2017-2018 PARENT OPT-OUT FORM

Dear Parent/Guardian:

The San Dieguito Union High School District will provide the health screening below as required by California law:

Vision Screening Grade 8 & 10

Hearing Screening Grade 8 & 10

If you do **NOT** wish for your child to participate in these screening activities, check the appropriate box(es) and sign below:

Vision

Hearing

Student's Name : _____

Student ID: _____

Current School: _____

Grade: _____

Parent/Guardian's Name: _____

(Please Print)

Cell Phone: _____

Home Phone: _____

Address: _____

Parent/Guardian's Signature: _____

Date: _____

Note: Please return this form to the health office of your student's school.