

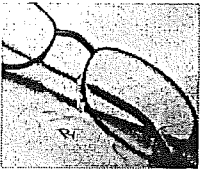


# VISION SCREENING PERMISSION FORM

Vision screenings to screen your child for visual problems such as Amblyopia (lazy eye) will be conducted throughout their school years and is required by Utah State Law for their school to perform for all preschoolers and kindergartners in their school.

Utah State Law requires all children entering kindergarten must provide proof they had a vision screening within a year prior to enrollment.

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent or guardian's responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with their immunization records.



Please be sure your child brings their eye glasses on the day of the vision screening at their school if they wear glasses. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription.

If children cannot see the blackboard, they cannot learn.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia is a common, but not always obvious, eye defect which must be identified before the age of seven for the most effective treatment. If not treated early, permanent visual loss may occur. It is often correctable, if treated promptly.

Please complete the following portion and return to your child's school.



I do \_\_\_\_\_ give permission

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.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date