Vision Screening Exclusion Form
Please do not screen my child

August 11, 2025

Teacher: _____ Grade: _____

Dear Parent/Guardian

Good vision is essential to your child's learning. Beginning in the 2007-2008 school year, it is required that the parent or guardian of each student enrolled in kindergarten, at a public school in this state, shall provide certification to school personnel that the student passed a vision screening within the previous twelve (12) months (PK) or during the kindergarten school year. Students enrolled in first or third grade at a public school, in this state, shall provide, within thirty (30) days of the beginning of the school year, certification to school personnel that the student passed a vision screening within the previous twelve (12) months.

Vizavance, formerly Prevent Blindness Oklahoma, will provide a vision screening on the date of **9/3/2025** at **Canadian Elementary School** that will satisfy this requirement.

If you DO NOT wish to have your child, _____, receive a vision screening, please sign this form and return it to the school by this date _____. By NOT returning this form you are giving permission for the screening.

_____ _____

(Parent/Guardian Signature) Date

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