



Box Elder School District Vision Screening Notification

Vision screenings to test students for visual problems will be held in Box Elder School District throughout the school year. The Box Elder School District School Nurses in conjunction with the State Office of Education will conduct these screenings. For further information, contact the Box Elder School District School Nurses at 435-734-4800. Ext, 1529.

Vision screenings provided by the Box Elder School District School Nurses are free. It is state law for students entering school for the first time before the age of seven to have a vision screening. It also requires that students be screened yearly up to 5th grade and then again in 7th or 8th and once again 9th or 10th grade.

A vision screening is scheduled to be held at your student's school, Fielding Elementary on Thursday, October 19. By allowing your student to participate in the vision screening, you acknowledge and give permission for the results of the vision screening and necessary additional information about your student, which may be in his/ her school records, to be shared with other educators (i.e. teacher, principal) and health care professionals working with the schools to provide appropriate follow-up care.

If you **DO NOT** want your student to be vision screened, please complete the form below and return it to the school prior to the day of the screening.

All students without the below form will be screened.

VISION SCREENING OPT-OUT FORM 2022-2023

As allowed by UCA 53G-9-404 (2019) a parent may opt their student out of the vision screening.

Student Name: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____

As a 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 that I may change my mind at any time and will do so in writing.

I understand that this request is for the current school year only. This form may be re-submitted each school year.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____