



Union High School District

SCHOOL HEALTH SCREENING PROGRAM
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 - Grades 8 & 10 only or As part of a special education evaluation

Hearing Screening - Grades 8 & 10 only or As part of a special education evaluation

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

[ ] Vision

[ ] Hearing

Student's Name : \_\_\_\_\_

Student ID: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (Please Print)

Parent Home or Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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