



# **DO NOT**

## **RETURN THIS FORM IF YOU WANT YOUR CHILD TO RECEIVE A VISION SCREENING**

Dear Parent/Guardian

If you **do not** wish to have \_\_\_\_\_ receive a vision screening, please sign this form and return it to the school  
(Child's Name)

by \_\_\_\_\_  
(Date)

Prevent Blindness Oklahoma will provide a vision screening on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (School)

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 or during the 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. This screening will meet this requirement.

**A vision screening does not substitute for a comprehensive eye examination by an eye care practitioner. If you have any concerns about your child's vision, contact an eye care professional about an eye examination.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



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(Parent/Guardian Signature)

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(Date)