



LYNCHBURG CITY SCHOOLS

### ANNUAL SCHOOL HEALTH SCREENING INFORMATION & OPT OUT

Dear Parent/Guardian,

Please read the following on Hearing and Vision Screenings. These screenings are performed by your child’s school nurse throughout their academic career. Annually kindergarten, third, seventh, and tenth graders are given both hearing and vision screenings. If you choose to opt-out, please sign the bottom of this form and return it to the School Nurse. **Please understand, if this form is not completed and sent to your child’s school nurse, your child will be screened according to the Code of Virginia § 22.1-273.** Conexus Vision assists LCS with vision screenings using an non-invasive PlusOptix vision screening device.

#### Benefits of School Hearing Screening

School-age hearing screenings are an integral tool in identifying children with hearing loss who were not identified at birth, lost to follow-up, or who developed hearing loss later. Without mandated routine hearing screenings in schools, students with unilateral, less severe, or late-onset hearing loss may not be identified or will be misdiagnosed and managed. Efforts to provide consistent protocols, screener training, and follow-up through school-age will help ensure that children with hearing loss are identified and managed in a timely manner, and thereby minimize negative academic consequences.

#### Benefits of School Vision Screening

Vision impairments in children are common and uncorrected vision problems can impair child development, lead to behavior problems in the classroom, interfere with early literacy and learning, and lead to permanent vision loss. Early detection and treatment are critical. Additionally, visual functioning is a strong predictor of academic performance in school-age children and vision disorders of childhood may continue to affect health and well-being throughout adulthood.

**I have read and understand the benefits of School Health Screenings. I do not wish to have my child participate in School Health Screenings at this time.**

I (parent name) \_\_\_\_\_, **DO NOT** give my permission for

(student name) \_\_\_\_\_ to participate in the vision/hearing screening administered during the 2023-24 school year.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
School Nurse Signature