VISION SCREENING PERMISSION FORM
PLEASE DO NOT SCREEN MY CHILD

Dear Parent/Guardian,

As part of our commitment to student health and well-being, Vizavance will be conducting vision screenings on the date of **9/22/2026** at **Oklahoma Union Elementary School**.
The screening is a simple check of your child's vision and is not a substitute for a comprehensive eye examination by an eye care professional.

By NOT returning this form you are giving permission for the screening.

Student Name: _____

Teacher/Grade: _____

□ **NO, I DO NOT** give permission for my child to participate in the school vision screening.

Parent/Guardian Signature: _____

Date: _____

Please complete and return this form by **9/21/2026**