

Health Services

4309 Bishop Lane
Louisville, Kentucky 40218
502-485-3387
Fax: 502-485-3670



*** ONLY SIGN IF YOU DO NOT WANT YOUR CHILD SCREENED ***

Notice of Non-Consent for FREE Vision, Hearing, Dental Screenings and Physical Examination

If you have any questions please feel free to call and speak to staff in the Health Services Department at 485-3387.

If your child has hearing aids, other hearing devices or is visually impaired and is under medical care, and you feel like they do not need to be screened, please sign the form and send back to the school.

Vision Screening Program:

Please note the screening program that Health Services performs does not replace the vision exam the law requires. It must be completed by an optometrist or ophthalmologist the first year that a three (3), four (4), five (5), or six (6) year-old child is enrolled in a public school or public preschool.

- Eligible Students: Based on school needs and program requirements
- First Screening: Trained staff and volunteers will screen students using an eye chart
- Second Screening: JCPS Health Screening Nurses (LPN's & RN's) will re-screen students who do not pass the first screening as well as those who could not be screened for some reason
- Referral Notices: JCPS Health Services will notify parents/guardians by mail if further evaluation is recommended

Hearing Screening Program:

- Eligible Students: Based on school needs and program requirements
- Conducted By: JCPS Health Screening Nurses (LPN's & RN's) and Speech Clinicians
- Referral Notices: JCPS Health Services will notify parents/guardians by mail if further evaluation is recommended

Dental Screening Program:

- Eligible Students: Based on school needs and program requirements
- Conducted by: APRNs, Health Screening Nurses, School Nurses, RNs or Nursing students together with a RN or APRN
- Referral Notices: JCPS Health Services will notify parents/guardians by mail if further evaluation is recommended

Physical Examination:

- Eligible Students: Based on school needs and program requirements
- Conducted by: NURSE PRACTITIONER'S (APRN) - ONLY
- Referral Notices: JCPS Health Services will notify parents/guardians by mail if further evaluation is recommended

No, I **DO NOT** want my child to participate. I understand that by signing this form, my child will not have a vision, hearing, dental screening or physical examination done at school.

Student's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Additional Comments: _____

Return form to FRC

Notice to School: Please scan this form into their health documents **after** the final screening by Health Services. Label them: Non-Consent