

## Health Services

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



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

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

Dear Parents,

Jefferson County Public School Nurses and trained volunteers conduct vision and hearing screenings each year on various student groups. Nurse Practitioners (APRNs) or RNs may also perform dental screenings or APRNs may do a physical examination for those children who have not completed these requirements. If you **DO NOT** want your child screened or examined, you **must** sign the form at the bottom of this page and return it to the school your child attends.

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

The screening and examination programs are described below in order to help you better understand the process and let you know who does them. If you have any questions please feel free to call and speak to staff in the Health Services Department at 485-3387.

#### **Vision Screening Program:**

The screening program that Health Services performs does not replace the eye examination by an optometrist or ophthalmologist. A vision examination by an optometrist or ophthalmologist must be completed and submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year-old child is enrolled in a public school, public preschool, or Head Start program..

- Eligible Students:** Based on school needs and program requirements
- Screening:** School Nurses, Supervised Nursing students, and trained volunteers
- Referral Notices:** JCPS Health Services will notify parents/guardians if child needs to follow up with eye doctor

#### **Hearing Screening Program:**

- Eligible Students:** Based on school needs and program requirements
- Conducted By:** School Nurses, Supervised Nursing students, trained volunteers and speech therapists
- Referral Notices:** JCPS Health Services will notify parents/guardians if further evaluation is recommended

#### **Dental Screening Program:**

- Eligible Students:** Ages 5-6
- Conducted by:** APRNs, RNs or Nursing students supervised by a RN or APRN
- Referral Notices:** JCPS Health Services will notify parents/guardians if child needs to be seen by a dentist

[Type here]

10/4/2022

**Physical Examination:**

**Eligible Students:** Students who do not have record of a physical exam within a year of Kindergarten or 6<sup>th</sup> grade or students from out of state enrolling in a KY school for the first time

**Conducted by:** Nurse Practitioners or supervised student nurse practitioners

**Referral Notices:** JCPS Health Services staff will notify parents/guardians if child needs follow up by their primary care provider

**Parents/Guardians Response Form**

**Notice of “Non-Consent” for Vision, Hearing &/or Dental Screening &/or Physical Examination**

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

Student’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_