

## 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 Schools (JCPS) Health Screening Licensed Practical Nurses (LPNs) and Registered Nurses, conduct **FREE** vision and hearing screenings each year on various student groups. Nurse Practitioners (APRNs), Health Screening Nurses or RNs may also perform **FREE** dental screenings or APRNs may do a **FREE** 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 you have any questions please feel free to call and speak to staff in the Health Services Department at 485-3387.

**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.**

#### **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

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 child needs to follow up with eye doctor

#### **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: Ages 5-6

Conducted by: APRNs, Health Screening Nurses, RNs or Nursing students together with a RN or APRN

Referral Notices: JCPS Health Services will notify parents/guardians if child needs to be seen by dentist

#### **Physical Examination:**

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

Conducted by: APRNs- ONLY for those students who have not met the requirement to have this exam

Referral Notices: JCPS Health Services staff will notify parents/guardians if child needs follow up with his/her 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: \_\_\_\_\_

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

#### **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 Comments: Hearing/Vision Screening**