**Grace Episcopal Preschool**

**Vision and Hearing Screening**

**Permission Slip**

***Texas Department of State Health Services requires by law that all 4 and 5 year olds receive a vision and hearing screening and recommends it also for all 3 year olds.***

School Screening Date: **October 19th**

**Permission slips are due the day before the screenings.**

**Student’s First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher and Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student wears glasses, they must bring them on the day of testing.

If student is getting screening done elsewhere, a copy of record is due on screening date.

**VISION & HEARING SCREENING Package: $45.00**

A la cart pricing and other screenings offered:

Vision Screening: $25.00

Hearing Screening: $25.00

**Color Vision Screening: $25.00**

Total payment enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks payable to: V. H. S. A.** (A $25 fee will be assessed for returned checks.)

Please send payment in to school with completed permission slip.

For office use only:

Date of screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screener initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMT PD \_\_\_\_\_\_\_\_\_\_\_\_\_