

PARENT PERMISSION FOR SCREENING

By signing this form, I give permission for my child, _____
(Please print **First and Last Name**)

to participate in a screening on _____
(Date of Screening)

Your child's screening may include instruments designed to screen hearing, vision, speech/language and development/pre-academic abilities. The information gathered from your child's screening will be made available to you. I understand that my child will be screened only, and that further evaluations will only take place with your written consent.

Statistical information from the screening is made available to the Campbell County School District as part of the child Identification Program.

I give my permission to share my child's hearing data with the Wyoming Early Hearing Detection and Intervention (EHDI) program. _____ (Initials)

I give my permission to share my child's vision data with the Wyoming Vision Project. _____ (Initials)

Child's DOB _____

Parent Signature _____

Date _____

Address _____

Zip _____

School (if applicable) _____

Phone _____

