

## Letter C

### School Hearing Screening Monitoring Waiver

[School Letterhead]

SAMPLE Screening Waiver Letter

Date: \_\_\_\_\_

To: Parent(s)/Guardian of

#### Hearing Screening Waiver

School Year: 20 \_\_\_\_ - \_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state-mandated annual school hearing screening/monitoring for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's hearing may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school hearing screenings. I understand by choosing to exempt my child from the district hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled hearing screening/monitoring.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Guardian Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

*This area for office use only:*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_