

WELLINGTON-NAPOLEON R-IX
HEALTH SERVICES

Dear Parents and Guardians,

It is recommended by the state of Missouri that certain grade levels are screened annually for vision and hearing. Vision screenings will be for grades 1st-5th and hearing will be PK-3rd. Screenings will take place in September, and a notification will be sent out to parents once a date is chosen. If your child wears glasses, please send them to school with their glasses so they can be accurately tested.

Any student who fails the testing will be retested in approximately 3-4 weeks, after which a letter of referral will go home should they fail a second time. Please take that referral letter to your doctor to have your child evaluated and then send back a copy of any information that you receive from the doctor. Please feel free to contact me by e-mail at sjones@wntigers.net or by phone: 816-240-2621 ext 254.

Thank you,

Sammy Jones, RN

Student Name: _____ Grade: _____

_____ YES, I give permission for my child to participate in vision and hearing screenings.

_____ NO, I do not give permission for my child to participate in vision and hearing screenings.

Parent/Guardian Signature: _____