



Vision Screening Program Parent Opt-Out Form

Dear Parent/Guardian,

In accordance with Utah State Code, a vision screening is required in order for a student to enroll in the Park City School District (PCSD).

The Park City School District provides the following free vision screenings*:

State Required Vision Screening	Grades Pre, K, 1, 2, 3
Other District Vision Screenings	Grades 5, 7 and 9
Other Vision Screenings as Needed	By Appointment

If you opt out of the required screenings, you must bring either:

A certificate signed by a licensed physician, optometrist, or other licensed health professional approved by the division stating that the child has received vision screening to determine the presence of amblyopia or other visual defects **OR**

A written statement signed by at least one parent or legal guardian of the child that the screening violates the personal beliefs of the parent or legal guardian. (Utah State Code S53A-11-203).

*Vision Screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor. Therefore, if you are concerned that your child may be having eye problems, you should consult your family physician, ophthalmologist, or optometrist for further evaluation.

If you **DO NOT** want your child to participate in the free screenings offered at PCSD, complete the information below, sign, and return the form to your child's school.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

I **DO NOT** want my child to have the free vision screening offered by PCSD.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____