



Jen Gerrard - School Nurse Specialist
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Canyons School District Vision Screening Opt Out Form

As allowed in UCA 53G-9-404 (2019) a parent/guardian may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
Parent to Complete		
As parent/guardian of the above named student, I do not wish for my student to have a vision screening during this school year. I understand I may change my mind at any time and will do so in writing.		
I understand this request is for the current school year <u>only</u> . This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	

Office Staff:

Please provide a copy of this form to your assigned school nurse upon receipt.