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Canyons School District Vision Screening Opt Out Form

As allowed in UCA 53G-9-404 (2019) a parent 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 Tier 1 or Tier 2 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 only. 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 before the scheduled vision screening at your school.