

Milford Christian Academy

***School Vision and Hearing Screening Waiver***

I \_\_\_\_\_, the parent/legal guardian  
of \_\_\_\_\_, grade \_\_\_\_\_, request that  
he/she be exempt from the state mandated annual school vision and/or hearing screening  
program 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 vision/hearing may be screened as mandated by the  
Ohio Department of Health guidelines for school screenings.

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

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