

2021-2022
July 15, 2021

HEALTH SERVICE AUTHORIZATION FORM

I hereby give my consent to Youngstown Community School for my child:

First Name _____ **Last Name** _____

Grade _____ to receive the following health services:

- 1. Hearing Screening**
- 2. Vision Screening**

Vision and Hearing Screenings will begin the week of: September 14, 2021 for students in grades K, 1, 3, 5, and 7. Students new to the school district will also be screened regardless of their grade.

You will be notified of your child's hearing screening results. If your student fails the vision screening you will be notified of the results.

Please direct any questions to the school nurse at 330-746-2240.

Thank you

Signature of Parent/Guardian: _____

Date: _____