

2020-2021

July 15, 2020

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
2. Vision Screening

Vision and Hearing Screenings will begin the week of: September 9, 2019 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 Mrs. Moon, Nurse at 330 746-2240.

Thank You

Signature of Parent/Guardian _____

Date _____