

Youngstown Community School
50 Essex Street
Youngstown, Ohio 44502
330.746.2240

HEALTH SERVICE AUTHORIZATION FORM 2022-2023

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 12, 2022 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, Brooke Vondrasek at 330-746-2240.

Thank you,

Signature of Parent/Guardian: _____

Date: _____