

ELEMENTARY



JOHN A. OLSZEWSKI, JR.
County Executive

GREGORY WM. BRANCH, M.D., MBA, CPE, FACP
Health Officer, Department of Health

Hearing and Vision Screening Consent Form

Dear Parent/Guardian:

The early identification and correction of hearing and vision problems is important in giving your child the best start during these early years. Your child's school and the Baltimore County Department of Health are collaborating to offer screening services to children enrolled in school programs throughout Baltimore County. Hearing and Vision Program technicians will visit your child's school program and provide on-site screening services for the children enrolled. After the screening, a written report will be mailed to your home informing you of your child's test results if a problem is identified. Baltimore County Department of Health will also share the screening results with your child's school educational program so they can address any learning concerns and to assist with follow-up.

We have included for your review a brochure entitled *Have You Heard?* which describes the hearing and vision screening services offered. To have your child participate in the screening program, please sign below and return this entire form to the school. Please contact the Hearing & Vision Office at 410-887-2721 if you have any questions or concerns regarding the Hearing and Vision Screening Program, or any questions about follow-up.

Name of Student (Please Print)

Date of Birth

School Name

My signature below indicates that I give permission for my child to participate in hearing and vision screening with the results to be shared with the educational program.

Signature of Parent/Guardian

Date

HV 10-23
(Rev.7/2021)