



# Lonoke School District

## Hearing and Vision Screening Permission Form

Dear Parent or Guardian,

The State of Arkansas requires mandatory screening of both hearing and vision for students in Pre-K, Kindergarten, 1st, 2nd, 4th, 6th and 8th grades and for new students to the District or referrals.

Your child will receive these screenings by a Registered Nurse or Licensed Practical Nurse. The state allows districts to receive minimal reimbursement for some screenings or services that the school provides for students. The reimbursements are to assist schools in providing needed staff and services for students. The screening will not affect coverage benefits (this includes visits to an eye doctor) in any way. Under no circumstances will the student/family receive a bill for any of the screenings or services provided by the school. The school cannot be selective in receiving consents, so therefore, a consent is needed for every student, even if it does not apply.

The school will not make any of the student's records public. This consent is for reimbursement purposes only.

We appreciate your support.

Thank you,

Lonoke Public School District Nurses

### HEARING and VISION SCREENINGS

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 123g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child,

(Parent/Guardian First and Last Name)

\_\_\_\_\_ 's personally identifiable information/student

(Student's First and Last Name)

education record to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date Signed)