

DEKALB COUNTY SCHOOLS  
CHRIS PIERSON RN BSN  
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Date: \_\_\_\_\_

Dear Parent/Guardian:

School personnel have brought to my attention that your child could be having problems with vision and/or hearing. We would like to follow up with that concern. It is a very simple screening process that takes a few minutes and is provided by the school nurse at no charge.

If you would like to have your child screened, please complete the following form and return to his/her teacher. You will be notified of results and recommendations.

Thank you

*Chris Pierson RN BSN*

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I give my permission for the school nurse to perform vision and/or hearing screening for my child.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's birth date \_\_\_\_\_

Child wears glasses or has any type of hearing/vision problems?

Please explain \_\_\_\_\_

Address \_\_\_\_\_

Referral Teacher \_\_\_\_\_

Revised 1/12/04