

## **Eye Examination Waiver Form**

Plea	ase print:						
Student Name(Last)					Birth Date(Month/Day/Year)		
	(I	_ast)	(First)	(Middle Initial)		(Mont	h/Day/Year)
Sch	ool Name			Grade Level	Gender:	☐ Male	☐ Female
Add	ress						
	(Numbe	,	reet)	(City)		(ZIP C	ode)
Pho	(Area Code)						
	ent or Guardian						
ı aı	ent of Guardian	(Last)		(F	First)		
hhA	lress of Parent or Guard	lian					
, laa	ress of Parent or Guard	(Number)	(St	reet) (t	City)	(Z	IP Code)
	ALL KIDS, there are no low-cost vision/eye clinics in our community that will see my child, and I hav other means and do not have sufficient income to provide my child with an eye examination.						
Sigr	nature			Date			
	(	Source: Added at 3	32 III. Reg	, effective		_)	