



Emma Eccles Jones College of Education & Human Services  
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### **Vision Screening Permission**

I, of my own free will, give permission for my child to receive vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the school to provide the appropriate follow-up services for my child.