



Grace Christian School

Permission Slip

Grace Christian School will be provided an opportunity for children to be screened for hearing & vision loss on **Wednesday, October 7th, 2026 at 9:00 am**. The screening will be conducted by Sertoma Speech & Hearing Foundation.

Screening

_____ Yes, I give my permission for _____ age _____ to be screened. Further, I allow Sertoma
(first and last name please)

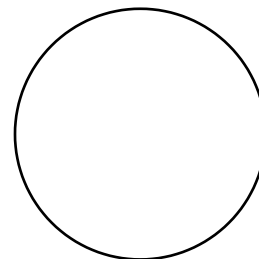
Speech & Hearing Foundation of Florida, Inc. to release the results of my child's screening to **Grace Christian School**.

***If you wish to decline a screening for your child do not sign and return this form.**

Photographed

_____ Yes, I give my permission for _____ to be photographed
and for Sertoma Speech & Hearing Foundation to utilize the photo(s) of my child.

_____ No, I do not wish for _____ to be photographed.



Contact Info

Phone Number _____ and/or Email _____.

Parent's Signature: _____

Official Use only

Screening Outcomes

Screeners's Initials _____ Child Name _____ Male / Female

Child's Left Ear:

1st OAE (___/___/___)

Pass []

Refer []

Can't Test [] _____

2nd OAE (___/___/___)

Pass []

Refer []

Can't Test [] _____

Child's Left Eye:

1st MVS (___/___/___)

Pass []

Refer []

Can't Test [] _____

2nd MVS (___/___/___)

Pass []

Refer []

Can't Test [] _____

Notes:

Child's Right Ear:

1st OAE (___/___/___)

Pass []

Refer []

Can't Test [] _____

2nd OAE (___/___/___)

Pass []

Refer []

Can't Test [] _____

Child's Right Eye:

1st MVS (___/___/___)

Pass []

Refer []

Can't Test [] _____

2nd MVS (___/___/___)

Pass []

Refer []

Can't Test [] _____

Notes: