THE OFFICE OF EDUCATION SERVICES STUDENT WELLNESS
130 Flicker St. Memphis, TN 38104 office 901.416.6432 fax 901.416.8451

2026-27 Special Request Screenings and CLUE Only

Hearing Screening Consent Form

Student Name _____ Grade/Section _____

School _____ Birth date _____

This form must be completed and returned if you would like for your child to be screened. Your signature below certifies that you are the parent/legal guardian of the child named above, giving permission for this child's hearing to be screened. For more information, related to this screening call Health Promotions at 416-6432.

Parent/Guardian _____ Date _____

Vision Screening Consent Form

Student Name _____ Grade/Section _____

School _____ Birth date _____

This form must be completed and returned if you would like for your child to be screened. Your signature below certifies that you are the parent/legal guardian of the child named above, giving permission for this child's vision to be screened. For more information, related to this screening call Health Promotions at 416-6432.

Parent/Guardian _____ Date _____