

**WAIVER OF VISUAL EVALUATION**  
**Health Services Department**  
**Lincoln Public Schools • Lincoln, Nebraska**

**PARENT NOTICE REGARDING VISUAL EVALUATION REQUIREMENTS**

The Board of Education shall require evidence of a visual evaluation by a physician, a physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity except that no such visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such visual evaluation shall be borne by the parent or guardian of each child who is examined. School Law 79-214(3).

As the parent/guardian of \_\_\_\_\_

Name

ID#

School

Grade

I object to the required visual evaluation as legislated in NRS 79-214 (3).

I understand provisions in the law will waive the requirement for this evaluation by my signed statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Comments:

**To comply with NRS 79-214(3), please sign this waiver form and return to the School Health Office. Thank you.**

*(Form to be filed in student's permanent school record.)*