

FOXBOROUGH PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES
FOXBOROUGH HIGH SCHOOL

Dear Parents or Guardians of 10th grade students,

Every fall, all 10th grade students participate in the following screening:

Vision & Hearing – These screenings will be conducted during the month of September. Students will be called from their physical education classes. In the event your child’s results are out of normal limits you will be notified and be asked to seek further medical evaluation. If your child’s results are within normal limits you will NOT be notified: however, we’ll be happy to share the results with you if you call the nurse’s office. These screenings are highly recommended by the Massachusetts Department of Public Health.

ONLY SIGN AND RETURN IF YOU **DO NOT WISH TO HAVE YOUR CHILD SCREENED**

I **DO NOT** want my child, _____ (CHILD’S NAME)
to participate in the **Vision and Hearing Screenings**.

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____

Sincerely,

Angela Murphy RN, BSN

Foxborough High School

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