



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

www.lchd.org

PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850

F: (517) 546-6995



ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858

F: (517) 546-9853

Hearing/Vision Screening Permission Slip

Date: _____

I give permission to _____ to have my child,
(Name of person bringing child to appointment)

_____, hearing and/or vision screened by
(Name of child)

Livingston County Health Department (LCHD) during an office visit. I also give LCHD permission to give hearing and/or vision screening results to said person for my records.

Parent/Guardian Signature: _____

Printed Name: _____