

## VISION SCREENING PROGRAMME

### OPT OUT FORM

**Your child will be automatically screened by the orthoptic department staff unless you opt out by completing the form below.**

Dear Parent / Guardian

A member of the Orthoptic Department will be visiting your child's school shortly to screen all children aged 4 – 5 years in the Oldham area for vision problems.

This assessment will involve measuring your child's vision in both eyes by covering each eye in turn and matching letters or shapes. We will check our clinic records to discover whether you are already known to our service

If you are not contacted after the assessment, then your child has no detectable eye problems at this time.

If there are any concerns from this assessment, you will be offered an appointment at the local community clinic for further testing or advised how to contact a suitable optician.

If we discover your child is already seen by the Orthoptist then your next contact from us will be your next routine clinic appointment.

If you do not wish your child to have the vision screening test for any reason please complete the form below and return it to your child's school by **Monday 26<sup>th</sup> January**

**Please be aware by completing the below form means your child will NOT receive the vision test.**

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**Only complete and return this form if you DO NOT want your child to have the vision test**

Name of Child: ..... Date of Birth: .....

School Attending: .....

I DO NOT want my child to have an eye test in school (please tick all that apply):-

My child is already being monitored or treated for an eye problem or wears glasses

I do not want the eye test but prefer not to give a reason

Signed Parent/Guardian: ..... Date: ..... / ..... / .....

Print name: ..... Parent / Guardian (please delete)