

VISION SCREENING PROGRAMME

OPT OUT FORM

Your child will be automatically screened by the orthoptist unless you opt out by completing the form below.

Dear Parent / Guardian

An Orthoptist (a specialist in assessing vision) will be visiting your child's school shortly to screen all children aged 4 – 5 years in the Stockport area for vision problems. Children who are already being monitored or treated for an eye problem should NOT be checked in school.

This is the only eye test offered to children in school.

This assessment will involve measuring your child's vision in both eyes by placing a patch over each eye in turn and matching letters or shapes.

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 Stepping Hill Hospital or a local community clinic for further testing. In order for a referral to be made, your school will be required to share your child's contact details and GP's name with the orthoptist.

As part of our Audit and Governance processes ensuring a quality service, your child may also have a re-test during Year 1.

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 **as soon as possible**.

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

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)