



Early Help Team South
 Children, Families & Community Health
 Reuben George Centre
 Royston Road
 Park South
 Swindon
 SN3 2FD

Tel: 01793 465452

Dear Parent/Guardian

VISION SCREENING - RECEPTION YEAR

The School Nursing Service offers vision screening to Reception Year pupils.

Vision screening will be completed in line with the school and local authority’s safety control measures. If screening identifies that your child requires further follow up you will receive a letter via school (usually within 10 working days)

If your child is already wearing glasses or under the Eye clinic at the Great Western Hospital (GWH) they will be screened unless you request otherwise.

If you **do not** wish your child to have their vision screened in school please complete the form below and hand in to the school prior to the booked session on Monday 22nd May (Please note this may be subject to change)

Please be aware that if a referral is required your contact details will be requested from school

Yours faithfully

**Sadie Harris and Gemma Heath
 School Health Screeners**

If you are in agreement with your child having their vision screened no action needs to be taken.

If you **DO NOT** want your child to have vision screening, please inform your child’s school by returning this completed slip, as soon as possible.

NAME: Date of Birth:

School:

Signed: Parent / Guardian Date:

(Please tick all boxes that apply)

My child already has prescribed glasses

My child is under care of Optician / Eye clinic at GWH

I do not wish my child to have vision screening