



0-19 Public Health Nursing
Civic Offices
Euclid Street
Swindon
SN1 2JH

Tel: 01793 465452

Dear Parent/Guardian

VISION SCREENING 2024 - 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 post (usually within 10 working days).

If your child has a prescription to wear glasses or are supported by an eye specialist they will still be screened unless you request otherwise. If they are screened, they will need to be wearing their glasses which is a requirement of the test.

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 Thursday 4th July (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
School Health Screener

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