2nd March 2011

Dear Parent,

Gordon Eye Surgery will be conducting a Vision School Screening project at West Pymble Public School 9th March 2011. Vision checks will be conducted by a qualified orthoptist / optometrist.

A letter will be given to each student tested to notify family of the findings.

If your child is currently under regular review and care for their eyes, this service will not be relevant as it is a screening service to detect visual variance form what is considered “normal”. In that case please do not return this form to the school.

Vision School Screening identifies children who do not display visual standards (on the day and under the conditions) that are considered “normal” under screening protocols.

If you would like to take advantage of this screening service please sign the consent below and return it to your child’s teacher. If the consent form is not available at the school on the day of testing we unfortunately cannot test the child’s vision.

A record of all children seen and their test results will be kept at Gordon Eye Surgery for the purposes of direct reference if required. The results will not be disclosed to any other practice or individual, or used for the purposes of research unless direct consent is sought and given by the individual or parent/guardian concerned.

Thank you for your assistance.

[Signature]

B Wilson
Principal

I ........................................ parent / legal guardian (please circle appropriate) give permission for representatives from Gordon Eye Surgery to test my child ........................................’s eyes/vision.

Child’s class ............

Please note any relevant family history relating to eyes/vision that may be useful, or any concerns you may have about your child and their vision.

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