

The Royal Bournemouth and
Christchurch Hospitals
NHS Foundation Trust



VISION SCREENING SERVICE (OPT OUT FORM)

7th June 2017

Dear Parent / Guardian,

A member of the Vision Screening Team from Royal Bournemouth Hospital will be visiting **St Mary's School on Wednesday 28th June** to assess all children in the reception class.

This check is recommended by the government in order to pick up undetected, treatable vision problems in your child's first year at school.

The assessment only takes a few minutes, and will involve measuring your child's vision with each eye in turn using a simple letter matching test.

If there are any concerns from this assessment, you will be offered an appointment at the hospital for further investigation. In order for a referral to be made, your school will need to share your contact details and GP information. If you are not happy for your details to be shared, please fill out the form below. **Please be aware this means your child will not receive this test.**

Vision screening results are shared with Dorset Child Health to keep your child's health record up to date.

Only complete the form and return it to the school if you do NOT wish your child to be tested.

It is the responsibility of the school to ensure we receive all returned forms. **Please return to the school office by Friday 23rd June.**

If you have any questions, please contact the Orthoptic Department on: 01202 704422

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I DO NOT CONSENT to my child (name) _____ DOB _____
receiving this vision screening check because (please tick all that apply):

- ☐ Already under the care of an hospital eye unit
- ☐ Already under the care of a local optician (not hospital)
- ☐ I do not want contact details shared
- ☐ Prefer not to say

School:

Please sign:.....

Parent / Guardian (please delete)

Print name:.....

Date:.....