The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

VISION SCREENING SERVICE 2018/19 (OPT OUT FORM) 02/05/19

Dear Parent / Guardian,

A member of the Vision Screening Team from Royal Bournemouth Hospital will be visiting your child's school on Thursday 16th May to assess all children in the reception year.

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 your nearest hospital eye unit 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 note that this means your child will not receive this test.

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

Please be aware that we are unable to access your child's medical records prior to the visit. If your child is currently under the care of a hospital eye unit or optician there is the option to Opt Out. This eliminates the possibility of a duplicate referral.

Please return any Opt Out forms to the school office by Friday 10th May – many thanks.

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

School: St Mary's Catholic First School – Dorchester

Please sign:…… Parent / Guardian (please delete)

Print name:…….. Date:……