

ORTHOPTIC (EYE) CLINIC
HORNSEY CENTRAL HEALTH CENTRE
151 PARK ROAD
HORNSEY
LONDON
N8 8JD
mishila.guni@nhs.net

Dear Parent/Guardian

VISION SCREENING OF RECEPTION CLASS CHILDREN

As part of the School Health Surveillance programme, your child will have an eye test by a specially trained person (Orthoptist) carried out this term.

Vision screening allows early detection of reduced vision in one or both eyes at an age when treatment has the potential to improve vision

If for any reason you **do not** wish your child to have this test, please complete the slip below and leave it with the school secretary.

Please also let the school welfare team know if your child has had any eye problems in the past or is currently having treatment.

Please note that we will also be requesting your full address and contact information from the school but only if your child has **failed the eye test or is absent**.

This is so that we may get in touch with you and invite you for a re-test here at the clinic.

After the test, you will only be contacted and sent an appointment if your child requires **further testing** or **did not pass** the vision screening test. If you are sent a hospital appointment, please be aware that we cannot include individual eye test results in the appointment letters but that we can explain the results in person when you attend your child's appointment.

If you would **prefer not** to have your details disclosed, please complete the form below and return it to your child's teacher, so that we know to **not** test your child.

Yours faithfully

Miss Mishila Guni BSc (Hons), Senior Orthoptist

PLEASE ONLY RETURN SECTION BELOW IF YOU DO NOT WISH YOUR CHILD TO HAVE AN EYE TEST OR YOU ARE NOT HAPPY TO HAVE YOUR CONTACT DETAILS SHARED WITH US.
I <u>DO NOT</u> wish for my child to have an eye test at school or for my address or child's details to be disclosed.
Child's name
Class
School
Parent/Guardian signature