Vision Screening Service

Newcastle Eye Centre

Royal Victoria Infirmary

NE1 4LP

Telephone number: 0191 282 4434

Email: tnu-tr.nec.vision@nhs.net

Dear Parent/Carer

**Vision screening for 4 to 5 Year Olds- Reception Class**

We are inviting your child to receive vision screening. This will take place in your child’s school within the next few weeks.

The UK National Screening Committee recommends vision screening for 4 to 5-year-old children and this forms part of the healthy child programme. We enclose an information leaflet to explain what vision screening is and what happens if your child is found to have reduced vision. You should take time to read this information.

If your child does not pass the screening test, the school will be asked to provide us with your home address, contact telephone number and GP practice. Everyone will receive an outcome of the school vision result.

If you **DO NOT** want your childto have vision screening, or if they already attend the hospital eye department, then please complete this form and return to school staff. Otherwise we will assume you are happy for your child to be screened.

Name of child: …………………………………………………Date of birth…………………

I **do not** want my child to have vision screening: [ ]

My child already attends a Hospital Eye Department: [ ]

Signed Parent/carer…………………………………………………………………………….

Name in full (print clearly in capital letters) ………………………....……………………….