

Dear parent(s)/guardian(s),

HWDSB is offering students the opportunity to receive full eye exams during school hours. Every child is eligible for one yearly eye examination covered by OHIP, so this service is offered free of charge. The target of this initiative is children who are NOT CURRENTLY SEEING AN OPTOMETRIST ON A YEARLY BASIS and especially children who have NEVER HAD THEIR EYES EXAMINED by an Optometrist. This service is run by Vision Works, which offers a mobile optometric service that will visit your child's school. The eye exams will consist of the following tests:

- Measuring your child's current vision
- Testing colour vision and depth perception
- Assessing the ability of the eye muscles to work together
- Measuring pupil function and size
- Testing for glasses
- Using a microscope to assess the health of the eye

Risks and Benefits

- The eye tests are not painful and do not carry any risks. If further assessment is required, it will be indicated on the information sheet that students will bring home following the eye exam
- An eye exam for your child is very important, as the eye doctor will not only determine your child's prescription for eyeglasses, but will also check your child's eyes for common eye diseases, assess how your child's eyes work together and evaluate your child's eyes as an indicator of his/her overall health
- If glasses are needed, Vision Works and HWDSB will make glasses available to your child for a cost of \$20.00 (if you are not able to provide \$20, alternate arrangements can be made)
- You may also choose to purchase the glasses on your own and will be given a prescription to do so

Privacy

- Your child's eye exam results will be stored and maintained by Vision Works
- The information will be kept private and confidential as defined in the Personal Health Information Act
- To support your family, HWDSB would also like to receive the results of your child's eye exam
- You also have the right to request your child's information kept by Vision Works, at any time, by contacting Vision Works by email at "visionworks.oso@gmail.com" or calling 289-389-6609.

In order for your child to receive this service, you must complete and return the attached consent form. Please keep this letter.

If you have any questions or concerns please call 289-389-6609

PARENT/GUARDIAN CONSENT

1. I agree to having my child receive an eye examination by Vision Works

NO ☐ → if no, thank you for your time.

YES ☐ → if yes, please complete the following:

Please provide your child's full legal name, date of birth and OHIP (health card) information:

First name: _____ Last name: _____

OHIP number: - - Letters

If no OHIP card check here ☐ Date of Birth: (mm/dd/yy) _____

2. I agree for my child's eye exam results to be shared with HWDSB.

YES ☐ NO ☐

3. Do you have concerns about your child's vision/does your child have any history of eye problems?

NO ☐ YES ☐ → Please explain: _____

4. Has your child ever had their eyes examined by an Optometrist? YES ☐ NO ☐

If YES, are they currently being seen on a yearly basis? YES ☐ NO ☐

5. Has your child ever been prescribed glasses? YES ☐ NO ☐

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Emergency Contact Phone Number: _____

Parent/Guardian Home Address: _____

PLEASE RETURN TO SCHOOL OFFICE BY _____