

Newcastle Hospitals Community Health

Orthoptic Screening Service  
Geoffrey Rhodes Centre  
Algernon Road  
Byker  
Newcastle upon Tyne  
NE6 2UZ

Tele: 0191 2823422  
Email: tnu-tr.nec.vision@nhs.net

Dear Parent / Guardian

**Vision screening for children aged 4 to 5 years**

We are inviting your child to receive vision screening. This will take place in school on:

**Tuesday 1<sup>st</sup> May 2018**

Most children find the test easy and enjoyable and so there is no need for you to be present unless you wish. Only complete the slip below if you **DO NOT** want your child to have vision screening or if they already attend the hospital eye department by filling in the form below and returning it to the school staff. **Otherwise we will assume that you are willing for your child to have the test done.**

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.

The School will be asked to provide us with your contact details so we can contact you if your child does not pass the vision assessment

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**Vision screening at age 4 to 5 years**

Complete and return **only** if you **DO NOT** want your child to have vision screening or if they are already receiving treatment at the hospital.

Name of child: .....

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) .....

**Please return this reply slip to your child's school**