

Cambridgeshire and Peterborough Healthy Child Programme

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Dear Parents and Carer,

Vision Screening for Pupils in Foundation

We are writing to inform you of the school based vision screening service that the NHS would like to provide to your child.

Opting your child out of the programme:

If your child is already under the care of the hospital eye service then please opt your child out of this screening process stating which hospital when completing the slip below.

Screening for vision defects is part of the 'Healthy Child Programme', and the aim of vision screening is early identification of children with amblyopia (Lazy Eye). Amblyopia is a relatively common condition that can often go unrecognised; however treatment can improve long term vision and have a positive effect on academic learning and development.

Your child will be seen in school and there is no requirement for you to be present, although your child's details will be requested from the school in order for us to be able to complete the process. These details will be treated confidentially and only shared with other relevant health professionals should a referral be required. The screening takes the form of letter matching whilst wearing special glasses that are designed to test each eye individually. Following the screening test you will receive a letter informing you of the result and the results will be stored on your child's electronic health records. All results will be treated confidentially and only shared should a referral onto another service be required.

This screen does not substitute an eye examination by a qualified orthoptist/optometrist; therefore I would like to take this opportunity to remind you of the importance of having annual eye checks at high street opticians which is offered free to school aged children.

If you are happy for your child to be screened, you do not need to do anything. If you **do not** want your child to take part, please ensure the slip below is completed, signed and returned to school within one week of receiving this letter. If the slip below is not returned it will be assumed that you allow consent and your child will be seen.

Yours Sincerely



Kim Chenery
Healthy Child Programme Team Manager

OPT OUT OF VISION SCREEN:

I **DO NOT** wish the child named below to be part of the school based screening programme;

Child's
Name.....

School.....

Class.....

Signed.....

Print.....

Relationship to
Child.....

Reason For Opt-Out
.....

Please ensure that this form is returned to your child's school, within a week following receipt of this letter, if you do not wish your child to be seen. If this form is not returned it will be assumed that you consent to screening and your child will be seen.