

**ORTHOPTIC DEPARTMENT**

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Dear Parent/Guardian,

We would like to invite your child for vision screening in school (for further information about screening visit ([www.nhs.uk](http://www.nhs.uk))). The aim is to detect vision problems early in childhood so your child can get effective treatment. If a visual problem is detected your child will be referred to the hospital eye clinic and a letter will be sent to you. Your child's basic information will be shared with the Child Health Team and the hospital.

Your child's vision will be tested using a letter matching test whilst wearing glasses with one eye covered. If your child is unable to complete the vision screening test then they will be referred to the hospital eye clinic. If the vision is found to be at a good level but another ocular reason for referral is required you will be notified of this.

We recommend screening to ensure early identification and treatment of reduced vision. Children rarely complain of having poor vision and can easily go unnoticed so vision testing at age 4-5 is very important.

**Please only inform us if you **DO NOT** wish your child to have vision screening in school or if your child is already under the care of the hospital eye service.** If you do not contact us within the 2 weeks of receiving this letter we will assume you want your child to have the test and this will be arranged in due course, you do not need to do anything further.

If you wish to be present at the time of the assessment, you will have to attend an appointment at University Hospital with your child in one of the school holidays. In order to arrange this please call 02476 966520.

The eye tests will form part of your child's Health Record and results will be sent to the Child Health Team and a letter to you through your child's school.

It is advised that your child has an eye test at the opticians every 12 months after this test or sooner if you have concerns as they will not be offered any further eye screening. Eye tests are free on the NHS for all children under the age of 16.

**There is no need to return this form if you are happy for the test to be carried out.**

Please return the slip below if your child does **NOT** require an eye test.

.....  
Complete and return only if you **DO NOT** wish your child to receive a vision screening test.

Name of child.....

Date of birth.....

Address.....

School.....

My child is **already** attending the Eye Department. Please confirm this by ticking the box.

I have read this letter carefully and do **NOT** wish for my child to have an eye test. Please confirm this by putting your initials in the box.

Signed (parent/guardian).....

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

**Please return the slip to school as soon as possible**



**Part of the University Hospitals Coventry & Warwickshire NHS Trust**

We have a duty of care to help patients/families understand how information about them is kept and shared in adhering to recent GDPR changes.

Minimal information is collected about your child relevant to their diagnosis, treatment and care in adherence to Public Health England guidelines and Caldicott Principles. Data is only stored electronically on an encrypted computer and in written records in hospital notes. Integral to the care and treatment of your child it is necessary at times to share information with others/organisations who are either responsible or directly involved in your child's care. If you have any questions or concerns about sharing this information please contact the Orthoptic Department on 02476 966520.