

School Vision Screening Service
Orthoptic Department
Musgrove Park Hospital
Parkfield Drive
TAUNTON
TA1 5DA

Tel: 01823 344479 (Direct Dial)

Email: <a href="mailto:schoolvisionscreening@SomersetFT.nhs.uk">schoolvisionscreening@SomersetFT.nhs.uk</a>

## Dear Parent or Guardian

Your child's vision will be checked on **Tuesday 15<sup>th</sup> November 2022** as part of the National Screening Programme. The vision checks are only for **RECEPTION** aged children.

This is carried out across Somerset by the NHS School Vision Screening Team based at Musgrove Park Hospital in Taunton. More information can be found via the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/653434/vision\_s creening parent leaflet.pdf

If your child's vision falls below certain levels, you will be asked to attend a local hospital for further investigations. We will send a letter home via your child's school to let you know the outcome of these checks. **No further vision tests are carried out at school.** 

If we need to see your child again for further investigations, we will require your child's school to pass us contact information including names, address and telephone numbers of parents/guardians and GP information.

If you do not consent to your child's vision being tested, please return the slip below to your child's school so this information can be passed to the vision screeners on the day they visit.

Changes of practice have been implemented due to COVID-19 to maintain social distancing while testing.

I do not wish my child to have their vision screened as part of the School Vision Screening Programme.
Opting your child out of School Vision Screening: Only return this form to the school office if you do NOT want your child to be screened.
Julia Devine Lead Orthoptist, Musgrove Park Hospital
Yours faithfully
If you have any queries, please contact us on the number above.

I do not wish my child to have their vision screened as part of the School Vision Screening Programme.		
Child's Name:	Class:	
Child's School:		
Parent's/Carer's Name:		
Parent's/Carer's Signature:		
Reason for Opt Out:		



Please return to your child's school office