

 **Lancashire Vision Screening Service**

Blackpool Victoria Hospital

The Orthoptic Department

Whinney Heys Road

Blackpool

FY3 8NR

Tel: 01253 953457

Email: bfwh.lancashirevisionscreeningservice@nhs.net

 Date: 12 March 2019

Dear Parent/Guardian/Carer

Vision screening is an integral part of the universal delivery of the national Healthy Child Programme, and meets the criteria laid down by the National Screening Committee, which recommends that all children should be screened for visual impairment between four and five years of age.

Visual acuity, eye alignment and binocular vision continually develop from birth up to the age of seven. This is why it is important to test, detect early and begin any treatment of defects that may occur. The test also reduces the risk of defects developing into visual impairments if left untreated.

Your child’s class has been invited to take part in this programme at school. The test will be carried out by staff from the Lancashire Vision Screening Service during normal school hours. This is a non-invasive test that should take no longer than a few minutes. To be able to screen the vision screeners will need to access the name, date of birth and contact details of your child from the school. This will enable us to send a letter to you, usually within two weeks of the initial visit, to inform you of your child’s results. Please be aware that this information will be only be used by the vision screening service and any sharing is done under appropriate legal gateways.

If you do not want your child to take part please fill in the form below and return it to school. If you are happy for your child to be tested you do not need to do anything. Your child will be tested in school. To process your child’s visual screening we may need to request your child’s contact details from the schools records.

Complete and return only if you **DO NOT** want your child to have vision screening.

Name of child: Date of birth:

Address:

 Post Code

Please state the reason and tick the appropriate box:

* Already attends orthoptist
* Already attends own optician
* Other Please state the reason

Signed Name in full

(Parent/Guardian/Carer) (Print clearly)