



## YOUR CHILD IS INVITED TO TAKE PART IN STRAIGHT SIGHT'S FREE COMPREHENSIVE VISION ASSESSMENTS.

All students who return their signed permission forms will be seen by an Optometrist and an Orthoptist.

The Optometrist will be checking vision, health of the eye, and any need for glasses.

The Orthoptist will check each student's eye posture, eye teaming, near and far focusing ability, 3D vision as well as colour vision.

Every student assessed who requires glasses will be given the option of choosing glasses from our FREE range.

Results of testing will be emailed to parents.

Please fill in the details below and have your child return this slip to the class teacher before 17/03/2023.

1. Full Name (as it appears on your Medicare card) \_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Student's Class \_\_\_\_\_

DD / MM / YYYY

1. Medicare Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reference (number beside your name on the card) \_\_\_\_\_

2. When was your child's eyes last assessed? \_\_\_\_\_

3. Does your child have any previously diagnosed eye conditions?

\_\_\_\_\_

4. Are there any concerns, e.g. Eye turn, symptoms of eye strain, blurred vision?

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Contact Email \_\_\_\_\_

Contact number \_\_\_\_\_

Warm regards,

THE STRAIGHT SIGHT TEAM