

AUTHORIZATION FOR VISION SCREENING
April 19th and 26th 2007

Dear Parents,

We will offer vision screening to Kindergarten, 2nd, 4th, 6th 8th grade students as well as all newly enrolled children for 2006-7. The screenings will take place Thursday April 19 and 26, 2007. The faculty and students of the Illinois Eye Institute/Illinois College of Optometry are performing the screening. The college provides this service for other school programs in the Chicago area. It is more thorough than the usual eye chart test done in the physician's office, but it does not involve any invasive procedures or eye drops.

Please note that a vision screening is not a substitute for a complete eye examination and that the screening will not result in a prescription for eyeglasses. Results of the screening will be sent to you with recommendations for any needed follow-up.

Please indicate below *whether or not* you wish your child to take part in the screening and return this letter to me before April 19th. If you wish for your child to participate you must complete the permission slip below and return it to school with your child.

Joan Callahan R.N.
School Nurse
joan.callahan@shschicago.org
773-262-4446 Ext: 427

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Child's name: _____

Child's date of birth: _____

The above-named child **has** _____ **does not have** _____ my permission to
(Please check one)

Participate in the vision-screening program offered by the Illinois Eye Institute/Illinois College of Optometry.

Parent's or Guardian's Signature

Date