

If your child passes the vision screening, you may not be contacted by the school nurse. A vision screening provides only a snapshot of how your child performs on the day the test was administered and is not a substitute for a complete eye exam by an optometrist or ophthalmologist.

If your child fails the screening, you will be informed of test results. Please direct any questions to the school nurse at \_\_\_\_\_.

## Vision Screening Referral Letter

Date

Address Liberty Union High School 500 Washington Street

City, State, Zip Baltimore, Ohio 43105

Dear Parent:

Our school district routinely performs vision screenings to identify students who have vision problems or might be at risk for vision problems. The vision of students is vital, especially for classroom learning, so it is important to identify any barrier to learning that can be corrected.

Your child's school vision screening results suggest that he/she should have a complete professional eye exam. It is important to your child's school success to have a professional evaluation. If a problem is found and corrected, it may help your student do better in his/her school work.

Just because there are no complaints about vision, you should not assume that your child has perfect vision. Often children do not know they should be able to see better than they do.

If you need help finding a local eye doctor, please contact me at 862-4107. Services may be available for those unable to pay. Call me to discuss if you need help with the cost of the professional eye exam.

Enclosed is a referral form to take to your eye doctor. It is important for us to know the outcome of the professional examination, so please return the form to us with the results of the exam.

Sincerely,

Chris Matthews, RN  
School Nurse

# Vision Screening Referral Report

Date: \_\_\_\_\_

To the Parents of \_\_\_\_\_ D.O.B \_\_\_\_\_

School Liberty Union High School Grade \_\_\_\_\_

Vision screening was recently conducted at your child's school. The results of the vision screening indicate your child may have a vision problem. Vision problems can place your child at risk for learning difficulties. It is recommended that you take your child to his/her optometrist or ophthalmologist for further evaluation. If you have any questions concerning the screening results, please contact the school nurse. Please let the school nurse know if your child is already under a doctor's care for vision problems or if you need assistance in finding a medical provider. **Please return the completed Eye Specialist Report form to the school.**

## Consent and Release of Information

I, \_\_\_\_\_ (*parent/guardian*) of the above named child, hereby authorize the provider completing this report to return this completed form to:

Liberty Union High School  
Attn: School Nurse  
500 Washington Street  
Baltimore, Ohio 43105

for the specific purpose of notifying the school of any specific vision problems, recommendations and instructions for teachers related to the child's vision problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child; however, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special vision needs for my child.

\_\_\_\_\_  
(*Signature of parent/guardian*)

\_\_\_\_\_  
(*Date*)



