



Health Services

**Parent Letter - Photoscreening**

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

**Name:** \_\_\_\_\_  
**Campus:** \_\_\_\_\_

**DOB:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

Dear Parent or guardian:

The school nurses trained by Prevent Blindness will conduct vision photoscreening for children between the ages of three and five years old.

The hours for the screenings on \_\_\_\_\_ are:

Time: \_\_\_\_\_  
\_\_\_\_\_

A special camera will be used to take a Polaroid picture of your child's eyes. The test takes less than five minutes. It is similar to taking a regular flash photograph. IT poses no risk of harm to your child's eyes.

Prevent Blindness Texas will interpret the photographs. You will receive your child's results about 4 or 5 weeks after the screening. If your child shows signs of a possible vision problem, you will be given form and advised to make an eye doctor appointment for your child.

Please check one of the lines below, sign the form, and bring the form with you to the screening to give to a school nurse. They will not be able to screen children without a signed permission form.

If your child has seizures that can be brought on by flashes of light he or she should NOT be photoscreened.

Thank you.

\_\_\_\_\_ Yes, I want my child to have his/her vision photoscreened.

\_\_\_\_\_ No, I do not want my child to have his/her vision photoscreened.

\_\_\_\_\_  
Signature of Parent/Guardian