

Eye See...Eye Learn!

PARENT/GUARDIAN CONSENT FORM (Phase II, August 15, 2009 to December 25, 2009)

Dear Parent or Guardian:

The goal of the Eye See...Eye Learn pilot program is to ensure that all parents and guardians are aware of the importance of eye health examinations. Up to 80% of learning depends upon your child's ability to see. This makes it important to identify and treat visual problems early so that children have a better chance to learn and develop.

1. Return this signed consent form to your child's teacher.
2. If your child hasn't had an eye examination within the past twelve months, please make an appointment for your child to see an optometrist. Take the four-part colored Eye See...Eye Learn Eye Examination Form to the optometrist and have them complete the document. The optometrist will record your child's vision results on the form. The white copy will be kept for their office records and the gold copy will be sent to the Eye See...Eye Learn Coordinator for data entry. You will be returned two copies. The pink copy is yours to keep and the yellow copy should be returned to your child's teacher to assist your child's learning needs.
3. If your child has had a complete eye health examination with an optometrist within the past twelve months please sign and return this form to your child's teacher. It is not necessary to make another eye exam unless you have been referred to do so by your optometrist.

The result of your child's eye examination will be collected for research and program evaluation purposes by the Saskatchewan Association of Optometrists. It is their goal to ensure that names of participating students are maintained within the confidence of your child's teacher and only the eye health examination results will be recorded for the pilot analysis.

For more information on the pilot, visit www.optometrists.sk.ca or contact the Eye See...Eye Learn Coordinator at the office of the Saskatchewan Association of Optometrists at sao@sasktel.net or 1.877.660.3937.

I acknowledge that I have read this document and that I consent to my child participating in the Eye See...Eye Learn pilot program.

This is my child's first eye exam Yes Date of Last Exam: _____

Name of Child: _____ Name of Teacher: _____

Name of Parent/Guardian: _____ Name of School: _____

Signature: _____ Date: _____

** The Saskatchewan Association of Optometrists' recommends a complete yearly eye health examination for all children by the age of three or earlier if a problem is suspected. Children under the age of 18 are entitled to an annual comprehensive eye examination paid for by Saskatchewan Health.*

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