Dear Parent/Guardian: **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Philadelphia, more than 20% of children fail their school vision screening each year.

Many of these children need eyeglasses to see clearly in school.

Wills Eye Hospital is in a partnership with The School District of Philadelphia to provide required vision testing for your child in school. If needed, your child can get **2 PAIRS OF FREE GLASSES** and**/**or a follow-up eye exam if needed.

If your child fails their school vision screening, a Wills Eye doctor will prescribe glasses for them if needed. No instruments or drops will be put in your child’s eyes. Your child will then be able to select glasses that will be delivered directly to their school a few weeks later. If your child needs more than glasses, a visit to Wills Eye can be arranged for a full eye exam. This first exam at Wills Eye Hospital will be **free** (with the exception of insurance copays).

Should you have questions about this program, please call the Philadelphia School District’s School Health Coordinator at **(215) 400-6149.**

**Please check one or both of the boxes ONLY if you DO NOT want your child to be examined and prescribed eyeglasses by an eye doctor in school.**

I do **NOT** want my child to be prescribed and receive free glasses if needed.

I do **NOT** want Wills Eye to contact me to make a follow-up eye exam appointment for my child if needed.

If you checked one or both of the boxes above, please fill out the information below and return this form to the school nurse at your child’s school.

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:** \_\_\_\_\_\_\_\_ **Room #:** \_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_