



# Penshurst Girls Campus

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Thursday 17<sup>th</sup> October 2013

Dear Parent/Guardian,

The school is pleased to announce that it will be running the Student Eyecare Program this year in Term 4. The optometrist, Janey Alderman, will be onsite during school hours to provide students with a comprehensive eye examination. This will be done by appointment only. Each attendee will receive an individual report regarding their eye health and a prescription will be provided if glasses are required. Please note that this service does not sell glasses and the prescription can be taken to any optometry store.

The program's aim is to detect visual problems that may interfere with your child's learning abilities and subsequently hinder their academic potential. A significant number of students have visual problems that go undetected. The main visual issues that go undetected are **inadequate focusing** and **eye teaming abilities** that could lead to symptoms such as poor concentration, fatigue, headaches and unwillingness to read.

The Student Eyecare health service is available to local students and is **free** as it is covered by Medicare Australia. The form below is to be completed by the parent or guardian. Students will then receive their appointment letters in roll call class, which will specify the dates and times of their appointments. The eye examination typically takes up to 20 minutes.

Regards,

Prue Griffiths (Head Teacher Welfare)

***THIS PERMISSION NOTE NEEDS TO BE RETURNED TO SCHOOL BY FRIDAY 1<sup>ST</sup> NOVEMBER.***

If you **do not** wish for your child to participate in the program, please fill in your child's name and tick the box below. Please **return** the form to the **front office**.

Name: \_\_\_\_\_ Roll Call Class: \_\_\_\_\_

☐ I **am not** interested in having my child's eyes examined.

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If you **do** wish for your child to participate in the program, please fill in the medicare details below and return the form to the **front office**.

☐ I **am** interested in having my child's eyes examined

## Medicare Details

Eyes Examined within Two Years? (please circle) Y / N

Name of student as appearing on card: \_\_\_\_\_ Roll Call Class: \_\_\_\_\_

Valid to:   /     Date of Birth:   /

Medicare number:

List Number on Left Of your Name: (eg. 1, 2, 3 or 4):

Parent/s Signature (to agree to Medicare Bulk Billing): \_\_\_\_\_ Date: \_\_\_\_\_