



**Department of Health
and Mental Hygiene**

**Department of
Education**

Parent/Guardian:

Vision Screening Program: The New York Vision Program of Helen Keller International (HKI) will be coming to your child's school this month. The New York Vision Program HKI works within schools to provide vision services to children in targeted grades. This vision screening does not replace the need for a more comprehensive eye exam.

If you do not want your child taking part in this program, please sign below and return to the school. If you have any concerns or questions, please contact the school.

Vision Screening Process: The vision screening program consists of the following services:

1. The first vision screening will be conducted by the New York Vision Program HKI team to check the student's ability to see near and far. Most students will pass this screening.
2. Vision Assessment by eye doctor: For students who have trouble in the first screening, a doctor will provide an additional vision assessment to determine if the child needs glasses and/or a full examination.
3. Eyeglasses: If a student needs eyeglasses, a pair will be provided to him/her. The selection and distribution of the eyeglasses will happen at the school.
4. Referral for Eye Exam: If your child needs a more comprehensive eye exam, you will receive a notification. If you do not have an eye doctor, we encourage you to contact your insurance company or health plan to find a doctor who is covered under your benefits. We will also provide names of doctors in your area.
5. Record of services: The school health office will have a copy of the results of your child's screening.

Parent/Guardian Notification: You will be notified if your child receives eyeglasses and/or needs go to a local doctor for an eye exam. We encourage you to be aware of your child's eye health and vision.

Contact Information: Contact Rhonda Brown, Scheduler, at rbrown@hki.org or 929-446-4205 for additional information or if you have any questions.

Release of liability: Failure to sign below indicates that you **give permission** for your child to participate in the New York Vision Program and you are in **acceptance of this release of liability**. This release of liability is as follows: You acknowledge that the eye doctor will be performing a limited vision assessment and not a full eye examination. This limited refractive exam does not examine the inside of the eye. The only purpose of this assessment is to determine your child's need for eyeglasses. As a result, you agree that neither the eye doctor nor the New York Vision Program HKI can be held responsible for any injury or damages occurring from eye conditions that are not found given the limitations of the vision assessment.

Return if you do not want your child to participate:

I **do not** give permission, for my child _____ to participate in the New York Vision Program HKI.
(Student's Name)

Parent's Signature

Date

Phone Number

Email