



Salford I Oldham I Bury I Rochdale I North Manchester

Date:	Community Eye Service Bury and HMR Townside Primary Care Centre 1 Knowsley Place, Bury, BL9 0SN Telephone: 0300 323 3316
Dear Parent/Guardian:	
The Vision Screener will be visiting y part of the Healthy Child screening p	our child's school to carry out routine vision checks. This is rogramme.
Your child's eyes will be checked unl in the eye test.	ess you state that you do not wish for your child to take part
	Community Eye Service on the number above if you would oncerns about your child's eyes or vision. This will be the sight checked in school.
You will receive a pass/fail letter once	e your child has been tested with follow on advice,
-	or a local optician, please inform the teacher or telephone the nt is being given. If your child already attends an Optician, will not need to be tested in school.
Yours faithfully,	
Alison Wilson Community Eye Service Coordinator	
NO I do not consent to my child receiving routine vision screening in school:	
Child's name	Date of Birth:
Signed:	