

**Dear Parent/Caregiver: Date:**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lions / Lioness Club and Prevent Blindness Wisconsin is pleased to offer the children at your [center/school] a free vision screening. Certified screeners will be at [center/school] on:

**Date: Time:**

If your child wears glasses, please have them bring them to school on this day.

1 in 20 preschoolers and 1 in 4 school-aged children has a vision problem, and it is not always easy to detect. Sometimes children have trouble seeing and don’t even realize they are seeing the world differently than others. Healthy vision is important for learning and success in school. For most children, 80% of learning happens visually. Vision problems can make it hard for children to read and learn, and unfortunately, many fall behind in school or show behavioral problems.

This vision screening is meant to identify children who are at high-risk for common eye problems. It does NOTreplace an eye exam, and it does NOT check for all conditions. **If your child does not pass you should schedule a complete eye exam for your child.**

Thank you for making your child’s healthy vision a priority!

This service is offered free of charge by certified screeners from Prevent Blindness Wisconsin. Please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions, or contact Prevent Blindness Wisconsin at (414) 765-0505.

Sincerely,

[Name]
[Title]

 *If you do not want your child to participate in the vision screening, you may* ***opt out*** *by completing the bottom portion of this letter and returning it to your child’s teacher before the date of the screening.*

**NO\_\_\_\_ I do not give permission to have my child’s vision screened by the Lions Club at no cost to me.**

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

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_