



# Seven Hills West Public School

Respectful, Safe, Responsible Learners



## EYE TEST K-6

Dear Parent/Caregiver

Seven Hills West PS is pleased to announce that we will be running a healthcare initiative called the **Student Eye care Program**, during Weeks 1 and 2 of Term 3. An optometrist will be onsite during school hours to provide students with a comprehensive eye examination.

Parents will receive a report regarding their child's eye health and a prescription will be provided if glasses are required. Suggestions will be made for spectacles with options to access very affordable frame and lens packages.

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

The eye health service is available to all students and is covered by Medicare Australia – so there is no cost to the students with a valid Medicare number.

The form that follows is to be completed by the parent or caregiver and returned to the office by **Friday 25<sup>th</sup> June 2021**.

Alternatively, you can scan the QR Code on the attached information letter.

Please feel free to browse the MOBILEYES website ([www.mobileyes.com.au](http://www.mobileyes.com.au)) for further information about the eye check and our personnel.

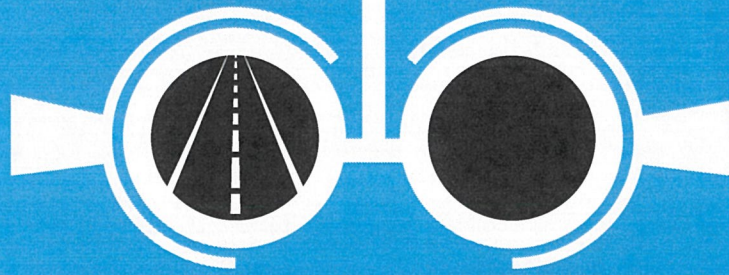
This event has the approval of the Principal.

Ms S Clements  
Principal  
16.06.21

Mrs A Zollinger  
Organising Teacher



# MOBILEYES



## OPTOMETRY

mobile optometry services

## FULLY BULK-BILLED MOBILE OPTOMETRY

MobilEyes Behavioural Optometry comes to **you!**

80% of a child's learning at school is through vision.

Eye coordination and eye focusing disorders can cause struggles with reading despite learning intervention.

Children do not know how they are meant to see the world, so they rarely complain.

They show us that they have a problem through behaviour changes and poor school performance.

School screenings emphasise visual acuity and miss problem such as eye coordination, tracking and focusing.

Does your child:

- get easily distracted
- not complete homework
- loses place while reading; skips lines or rereads lines
- rub their eyes
- blink excessively
- says that they do not like reading



For further information please call or email Andrea Eliastam [info@mobileyes.com.au](mailto:info@mobileyes.com.au) | 0424 097 559.

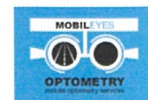
Please fill in the consent form found at <https://www.mobileyes.com.au/parent-guardian-consent> or scan the QR code above.





# Seven Hills West Public School

Respectful, Safe, Responsible Learners



## SEVEN HILLS WEST PUBLIC SCHOOL

### EYE TEST K-6 SCHOOL STUDENT CONSENT FORM

I hereby authorize and consent for **MOBILEYES** and their licensed Optometric staff to conduct a comprehensive eye examination on my child and, if needed, to prescribe and dispense eyewear. I am hereby authorising **FULL** disclosure of the results of my child's vision exam, provided by **MOBILEYES** for Life and/or its partners. This information may be shared only with the following parties: **Myself, My child's school**. I give consent to **MOBILEYES** to see my child.

School Name: <b>Seven Hills West Public School</b>	
Year/Grade/Class:	Teacher:
Family Name:	First Name(s):
Gender:	Date of Birth:
Parent/Guardian:	Contact Number:
Home Address:	

Email Address: (Please print clearly)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLEASE CIRCLE ALL THAT APPLY	Yes	No	DETAILS
Has your child ever had an eye exam?			
Does your child wear glasses?			
Are there any symptoms with his/her vision?			
Has your child ever injured his/her eyes?			
Do you give permission for your child to have their photograph taken to select glasses frames if they are required?			
Does your child suffer from any medical conditions?			
Does your child take any medication?			
Is your child allergic to anything?			
Is there a family history of eye disease (eg glaucoma or diabetes)?			

MEDICARE DETAILS		
Medicare Card Number (10 digits):	<input type="text"/>	<input type="text"/>
Child individual Reference No. (single digit alongside child's name)	<input type="text"/>	<input type="text"/>
Expiry Date:	____/____/____	

I agree that the above is a true and accurate record. I understand that this service is only free to students with a valid Medicare Number.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(parent/caregiver)

Printed Name: \_\_\_\_\_  
(parent/caregiver)

Cnr Lucas Road and Sackville Street Seven Hills NSW 2147  
Telephone: 9622 2136 Facsimile: 9831 6437 Email: [sevenhillw-p.school@det.nsw.edu.au](mailto:sevenhillw-p.school@det.nsw.edu.au)