

Seven Hills West Public School

Respectful, Safe, Responsible Learners

Dear Parent/Guardian,

The school is pleased to announce that it will be running a healthcare initiative called the **Student Eye care Program.** An optometrist will be onsite during school hours to provide students with a comprehensive eye examination.

This will be occurring Term 2, Weeks 7 and 8.

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. Alternatively free glasses can be obtained through Vision Australia - criteria applies.

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.

This 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. Those students with no Medicare card who wish to be tested, will need to pre-pay \$50.00 to Andrea Miller; Commonwealth Bank BSB: 062124; Account: 1175071 (Use your Child's name as the reference) prior to the testing day.

The QR code information attached is to be completed by the parent or guardian. Alternatively, there is a form attached that can be filled in. Please feel free to browse the MOBILEYES website (www.mobileyes.com.au) for further information about the eye check and our personnel.

QR codes are required to be completed **online by Wednesday 31**st **May.**Alternatively, the attached form needs to be handed into the office by **Monday 29**th **May.**

Please contact Andrea Miller, the Mobileyes Optometrist on 0424 097 559, if you have any queries about this service.

Ms S Clements

Principal

23.05.23

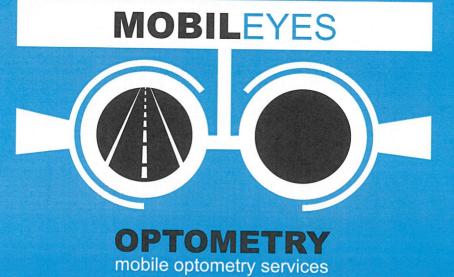
Mrs A Zollinger

Learning Wellbeing Support Coordinator

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



A Proud PBL School (Positive Behaviour for Learning)



FULLY BULK-BILLED MOBILE OPTOMETRY

MobilEyes Optometry comes to you!

Vision opens access to education.

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 may not complain.

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

We offer full comprehensive eye examinations whilst school screenings may miss developmental visual issues 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

We can help optimise the visual skills to promote learning.

Please scan this QR code toaccess the consent form



For further information please call or email Andrea Eliastam 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.





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SEVEN HILLS WEST PUBLIC SCHOOL EYE TEST CONSENT FORM - WEEKS 9-10

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 authorizing <u>FULL</u> 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:										
Year/Grade/Class: Teache	Teacher:									
Family Name (as per medicare card): First N	First Name(s) (as per medicare card):									
	Date of birth:									
Parent/Guardian: Contact Number:										
Home Address:	- Transci	•						-		
		11 1								
Email Address (Please print clearly):	N 1 200									
Diagonal de Halland				_						
Please circle all that apply:				De	tails:					
Has your child ever had an eye exam?			No							
Does your child wear glasses?			No					- 1		
Are there any symptoms with his/her vision?			No	1	1					
Has your child ever injured his/her eyes?			No							
Do you give permission for your child to have their photograph taken to select glasses frames if they are required?		Yes	No							
Does your child suffer from any medical conditions?							-			
Does your child take any medication?			No							
Is your child struggling to read/learn?			No							
Is there a family history of eye disease (e.g. glaucoma or diabetes)			No	10						
to there a ranning mistory of eye disease (e.g. gladcoffia of dis	ibetes)	Yes	No	(Sp	ecify)					
MEDICARE	DETAILS					,				
		-								
Medicare Card Number (10 digits):		١Ц	Ш							
Child individual Reference No. (single digit alongside child's	name)									
Expiry Date:/	# Tr									
I agree that the above is a true and accurate record. I unders	tand that	+bic c	om doe		l £					
a valid Medicare number. NOTE: Students with no Medicare	card who	unis s	ervice	is on	ly tree	e to s	stude	ents v	with	ĺ
\$50.00 to Andrea Miller, Commonwealth Bank BSB: 062124	Caru wno	WISH	to be t	estea	WIII I	need	to p	re-pa	ıy	
as reference.	Account: 1	.1/50	/I. Pie	ase u	se yo	ur Cr	niid's	s nam	ie	
Parent/Guardian SIGNATURE										
Parent/Guardian Printed Name										
	·			-						

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