

**CHILD HEALTH PROGRAMME PRE-SCHOOL
SEE 4 SCHOOL - ORTHOPTIC EYESIGHT CHECK**



Name: _____

Address: _____

DoB/CHI No: _____

Gender: _____

GP Practice: _____

Nursery Code: _____

Nursery: _____

Please check the information above and enter any changes below:	If your address has changed, please also inform your GP:
Change of Name: _____	Change of address: _____
Change of Nursery: _____	_____
Change of GP Practice: _____	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

As part of the National pre-school child health programme, your child is being offered an eyesight check as recommended by the Scottish government, known as See4School. This will be carried out by an Orthoptist who is specially trained to assess children’s vision and to detect a squint. **Please see the back of this form for more information.**

CONSENT

I have read the information about See4School and I consent to my child having an eyesight check:

YES NO (Please tick appropriate box)

Name of Parent/Carer (please print) _____

Signature of Parent/Carer _____ Date _____

Please return this form to the nursery for the attention of the orthoptic service. You do **not** have to complete the information below but this will be helpful in keeping our information up to date.

If you do not return the form we will assume that you wish your child to have the eyesight check as See4School is an opt-out screening programme.

If you have read the back of this form but would still like **more information** please telephone:

..... 01463 704443

Your home/contact telephone number: _____

Does your child attend more than one nursery? If yes, give names of nurseries: _____

Does your child already attend the hospital eye clinic or high street optician (optometrists)? Y / N

If yes, please give details: _____

Does your child wear glasses?: _____

Intended Primary School: _____

We will treat the information you have given us in strictest confidence

FREQUENTLY ASKED QUESTIONS

Why should my child have their eyes tested?

Eye problems in children are not always easy to recognise. Children who cannot see properly and need glasses think everyone sees the same way as they do and are not aware that they need glasses. Lazy eyes and small squints stop the eyes working together properly and are not always noticeable. They can be picked up easily through visual screening and treated. It is not necessary for parents/carers to be present on the day.

If my child needed glasses would I not have noticed a problem?

No – it is very common not to be aware that your child has an eyesight problem. It would not be possible to know that one eye was a lazy eye without testing. Children rarely complain of problems with their eyes.

What if my child already attends an optician (optometrist)?

Your child should still have this test as part of the National Screening Programme. Your child would only be referred if they did not pass the test **with** their glasses on.

My child has additional needs and I worry that they might not manage the test?

There are very few circumstances when we are not able to test children. It can help us if you let us know of any concerns you may have.

How will I be informed of the result?

You will receive the result in writing.

What happens next if my child requires further assessment?

If the test is incomplete your child will be assessed again at a later date.

If an eyesight problem is suspected, you will receive an appointment for your child to have a further assessment at your local hospital eye clinic or you may be asked to attend a community optician (optometrist). If a problem is confirmed at this appointment, appropriate treatment will be offered to your child.

For more information please go to: www.nhsinform.scot/see4school

