



*Our vision is to preserve
a lifetime of sight for all Georgians, especially
children, seniors, and
those without access to eye care,
through vision screenings,
eye exams, and education.*

Help Us Preserve a Lifetime of Sight for your Child

Dear Parent,

Prevent Blindness Georgia, a nonprofit organization supported by individual donors and grants, will conduct children's vision screening at your child's school on _____.
The screening takes about five minutes and is a free community service.

Vision problems are the leading handicap of childhood but most problems go undetected because they are not obvious to children or their parents. These problems can result in blindness or learning difficulties if left untreated. However, if the problems are detected early, treatment can, in many cases, restore normal vision.

Make sure your child can see clearly. **Check** below to authorize your child's participation in the vision screening and return this form to school by the date shown above. **If you do not return the form** to school, your child **will not** be screened.

Laurie Irby
Children's Program Director

 Yes, I authorize my child's participation in the vision screening and will follow-up if potential problems are suspected.

No, my child may not participate in the vision screening.

Child's Name: _____ Age: _____

My child normally wears glasses. (Child should wear glasses to screening.)

My child is under an eye doctor's care for _____

Parent's Name: _____ Phone (H): _____

Mailing Address: _____ Phone (W): _____

E-mail address: _____

Pediatrician's name: _____ Phone: _____

Signature: _____ Date: _____

Note: A screening is a not a substitute for a full eye examination.

Vision screening brought to schools in Georgia, in part, by the Georgia Department of Human Resources with \$1 donations made by drivers when they renew their driver's licenses.

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