

Orthoptic Department
Calderdale Royal Hospital
Salterhebble
Halifax
HX3 0PW
Tel: 01422 222218

Orthoptic Department
Huddersfield Royal Infirmary
Lindley
Huddersfield
HD3 3EB
Tel: 01484 343237

SCHOOL VISION SCREENING

Dear parent / guardian

Your child is being offered the opportunity of a vision test, carried out by an Orthoptist who will be visiting the school within this school year.

This is a routine assessment aimed at detecting squints and / or reduced vision. [We no longer routinely test for colour vision defects.]

If these defects are left untreated they can lead to permanent visual impairments.

If you do **not** wish your child to be tested or your child attends a Hospital Eye Clinic, **please email or phone the orthoptic department to inform us.**

Please provide the following details:

- **Your child's name**
- **Your child's date of birth**
- **School attended**

cah-tr.orthoptic.visionscreening@nhs.net*

Alternatively please complete the form below and return to the school office

ONLY REPLY IF YOU DO NOT WISH YOUR CHILD TO BE TESTED (BY NOT CONTACTING THE ORTHOPTIC DEPARTMENT YOUR CHILD WILL AUTOMATICALLY BE TESTED)

Child's Name:

Child's D.O.B: Class:

Parent/Guardian's Name:

Parent/Guardian's Signature:

I do not wish my child to have a school eye test

☐ Please tick if appropriate

My child already attends a Hospital Eye Clinic

☐ Please tick if appropriate

*Please note this is a secure email address and will only be used for receiving emails to decline from the school vision test and the details will only be viewed by an orthoptist. We will not be able to reply to any other queries via this email. Should you have further questions please contact the orthoptic department by phone.

In consenting to this test you are allowing the processing of personal data. As a trust we are legally responsible for processing of personal information under The General Data Protection Regulation (GDPR) and the common law of the duty of confidentiality.