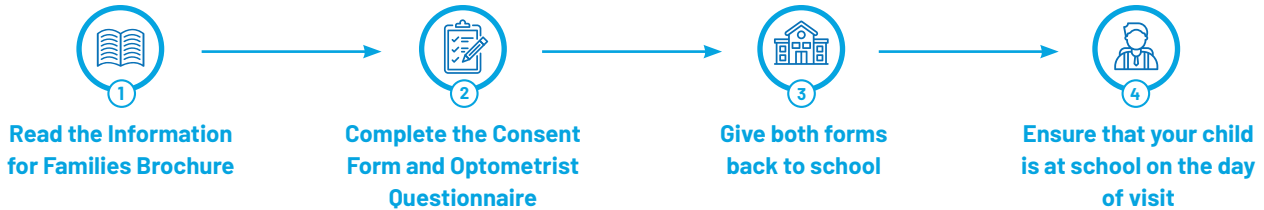


The Department of Education (the department), which includes all Victorian government schools, and central and regional offices, is providing funding to State Schools' Relief (SSR) which is a charitable non-government organisation, to manage and deliver the Glasses for Kids program (the Program) at 770 targeted schools between 2024 and 2027.

Your consent is needed for your child to participate in the program.

4 simple steps to be part of the Glasses for Kids program...



Privacy and Information Handling

The personal and health information collected through this process will be held by your child's school, State Schools' Relief and the relevant program partners (optometrists) who conduct and supervise the screening and testing of your child.

The information collected is used for the purpose of administering and providing the services of the Program. This Consent Form and Optometrist Questionnaire will be shared with the appropriate school staff, staff within SSR and the program partners optometrists, who require such information to facilitate your child receiving services provided through the Program, or otherwise when permitted or required by law. If required, you can request access to the information collected about your child for the Program by contacting your child's school in the first instance.

The department, SSR and its relevant program partners will handle your and your child's personal and health information (including on this form and the eye health questionnaire) in accordance with the Privacy and Data Protection Act 2014, the Health Records Act 2001, the department's privacy policies.

The department's privacy policies can be found here: <https://www.education.vic.gov.au/Pages/privacy.aspx>

Please complete all details if you consent to your child participating in the Glasses for Kids program

I confirm that I have read the Information for Families brochure.

I understand that an optometrist may need to clarify or discuss further details with me on the day of my child's visit, and have provided my phone number.

I understand that if glasses are required, my child will select these on the day from SSR's range of frames. These will be delivered to the school after the visit.

I authorise and consent to my child receiving free initial vision screening and if needed, testing and glasses by a registered optometrist at school through the Program.

Child's Details and Eye Health

When was your child's last eye exam with an optometrist? Never 1 year 2 years 3 years 4+ years

Does your child wear glasses? Yes No

Has your child ever had eye surgery? If yes, please describe:

Has your child ever had vision therapy, such as eye exercises or patching? If yes, please describe:

Family Eye Health

Does anyone in the family have any of the following?

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Amblyopia (lazy eye) | <input type="checkbox"/> Hyperopia (far sighted) | <input type="checkbox"/> Astigmatism (blurred vision) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Strabismus (cross eye/s) | <input type="checkbox"/> Myopia (near-sighted) | <input type="checkbox"/> Nystagmus (rapid eye movement) | <input type="checkbox"/> None/Unsure |

Observations

Please tick any of the following that you or your child's teacher has observed:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Blurred distance vision | <input type="checkbox"/> Near blur/double vision | <input type="checkbox"/> Squints or blinks excessively | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Tilts head | <input type="checkbox"/> Avoids close work | <input type="checkbox"/> Closes one eye/squints when reading | <input type="checkbox"/> Red or watery eyes |
| <input type="checkbox"/> Eye turns in/out/up | <input type="checkbox"/> Uses finger to read | <input type="checkbox"/> Takes out small words when reading | <input type="checkbox"/> Holds books too close |
| <input type="checkbox"/> Loses place when reading | <input type="checkbox"/> Skips or re-reads lines | <input type="checkbox"/> Reverses letters and numbers | <input type="checkbox"/> Words move or run together |
| <input type="checkbox"/> Slow reading | <input type="checkbox"/> Poor spelling | <input type="checkbox"/> Other | |