



OPTOMETRIST QUESTIONNAIRE

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

If your child currently wears glasses, please attach their most current prescription if available.

Do you have any concerns about your child's vision or eyesight? If yes, please describe:

Has your child ever had eye surgery or 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 | |



Department of Education

Unit 1/8 Johnston Court, Dandenong South VIC 3175

P: 03 8769 8400 E: info@glassesforkids.com.au ABN: 77 455 214 193 www.stateschoolsrelief.org.au

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Of the Consent Form Authorisation



GLASSES FOR KIDS IS COMING TO YOUR SCHOOL!

Your child is eligible to receive **FREE** vision screening, testing and glasses through the Glasses for Kids program—available to **Foundation (Prep) to Year 3** students. This service is provided at no cost and takes place at school.

How does the Glasses for Kids program work?

- GFK partners with qualified optometrists who will visit your child's school and offer your child initial vision screening and if required, further testing and glasses at no cost.
- All screening and testing sessions will be completed during school hours.

Who can participate?

- Primary Schools: Prep – Year 3 students.
- Specialist Schools: Students aged 5 to 10 years old.

How can my child be part of the program?

- Please complete the online consent form using the QR code. If preferred, a paper version is also available from your school and must be returned to your school by the due date.

Can children who currently wear glasses be part of GFK?

- Yes, they can. If their glasses are less than 12 months old, please provide a copy of their latest prescription if available.
- If your child is already under the care of another optometrist, please share any relevant information on the Optometrist Questionnaire.

What if my child is nonverbal or a non-English speaker?

- They can still participate; the optometrists we partner with have resources and techniques to work with nonverbal or non-English speaking students.

Do I have to complete a separate form for each child?

- Yes, each student must have a completed Consent Form

How do I get the results for my child?

- Your child will receive a letter about their vision screening outcome to bring home at the conclusion of our visit.

What if my child needs glasses?

- If the optometrist prescribes glasses for your child, GFK will provide them at no cost.
- Your child will have the chance to choose their glasses and be fitted on the day.
- Your child will be given a letter telling you why the glasses have been prescribed.
- Glasses will be sent directly to the school 3-4 weeks after the visit

Sign up today by scanning the QR code below

If preferred, you can also complete the attached consent form which must be returned to your school by the due date.



Need help? For more information, or if you have problems accessing the consent form please get in touch with us.

www.glassesforkids.com.au | info@glassesforkids.com.au | (03) 8769 8400



Department of Education

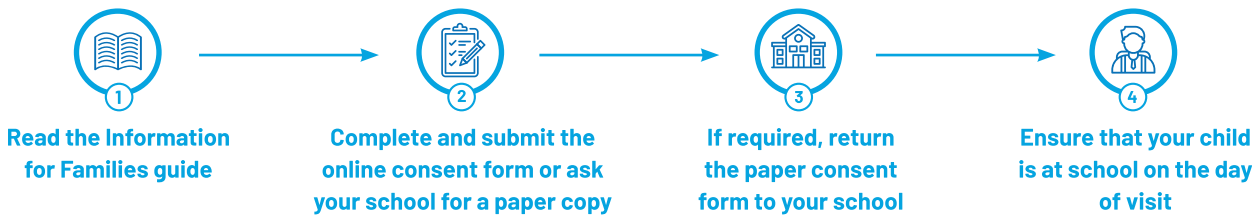


CONSENT FORM PARTICIPATION

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 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 this form) 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 on the cover page of this consent form.

I understand that an optometrist may need to clarify or discuss further details with me and I 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.



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CONSENT FORM



Once you have filled out both sides of this consent form and optometrist form, please cut along the dotted line and return to your school by the due date.

I give permission and consent for my child to participate in the Glasses for Kids Program

Student First Name (as per Passport or Medicare):

Student Surname (as per Passport or Medicare):

Date of Birth (DD/MM/YYYY):

School:

Year level:

Class:

Parent/Carer Name:

Phone:

Parent/Carer Signature:

Date (DD/MM/YYYY):

Medicare Details

If you do not have a Medicare card, you may still participate in the Glasses for Kids program.

- All participating students will receive free initial vision screening.
- GFK program partners require your Medicare number if your child requires Eye Testing.
- Eye Testing may be bulk billed through Medicare.

☐ I do not have a Medicare card (Tick this box if you do not have a Medicare card)

Medicare card number

Individual reference number

Expiry date



PLEASE TURN OVER



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