ace
FOUNDATION
Aiding Casey Education

GLASSES FOR KIDS CONSENT & VOUCHER

Please bring this voucher to your appoinment

Childs Name: .....

Date of Birth: .....

Home Address: .....

School: .....

Grade: .....

Homeroom Teacher: .....

Medicare Number: .....

Reference Number (number of child on card): .....

Medicare expiry date: .....

I have read and understood the information attached and I would like my child to have a vision asssessment and hereby give consent for this and my child's results to be forwarded to the ACE Foundation if glasses are required. This voucher is valid for twelve months from the date of issue.

Parent/Guardian Name:.....

Contact Number: .....

Signed: .....

Date: .....

This ACE Foundation is proud to be assisting the children in the City of Casey.

All primary students are entitled to use this voucher **ONCE** at one of the listed optometrists have bulk-billed vision testing and be provided with free glasses if they are required.

School stamp/signature required