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?

☐ Amblyopia (lazy eye) ☐ Hyperopia (far sighted) ☐ Astigmatism (blurred vision) ☐ Other .....

☐ Strabismus (cross eye/s) ☐ Myopia (near-sighted) ☐ Nystagmus (rapid eye movement) ☐ None/Unsure

Observations

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

☐ Blurred distance vision ☐ Near blur/double vision ☐ Squints or blinks excessively ☐ Headaches

☐ Tilts head ☐ Avoids close work ☐ Closes one eye/squints when reading ☐ Red or watery eyes

GLASSES FOR KIDS COMING TO YOUR S

Your child is eligible to receive **FREE** visior the Glasses for Kids program—available to This service is provided at no cost and ta

How does the Glasses for Kids program work?

- GFK partners with qualified optometrists who will visit yo school and offer your child initial vision screening and if further testing and glasses at no cost.
- All screening and testing sessions will be completed duri 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 If preferred, simply complete the attached consent f return it to your school by the due date.

Can children who currently wear glasses be part o

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

Sign up today by scanning the QR code below

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

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...

1. Read the Information for Families guide
2. Complete and submit the online consent form
3. If required, return the paper consent form to your school
4. Ensure that your child is at school on the day of visit

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 and department 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, and 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.***
- ***I understand that an optometrist may need to clarify or discuss further details with me and I have provided my phone number.***

CONSENT FORM

Once you have filled out both sides of this cons
please cut along the dotted line and return to y

I give permission and consent for my chil

Student First Name *(as per Passport or Medicare)*:

Student Surname *(as per Passport or Medicare)*:

Date of Birth *(DD/MM/YYYY)*:

School:

Year level:

Parent/Carer Name:

Parent/Carer Signature:

Medicare Details

If you do not have a Medicare card, you may still par

- All participating students will receive free initia
- GFK program partners require your Medicare nu
- Eye testing may be bulk billed through Medicare