



student eyecare

Student Eyecare

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Dear Parent/Guardian,

East Hills Boys High School is pleased to announce that it is running a welfare initiative called the **Student Eyecare Program in Term 2, 2024**. An optometrist will be onsite during school hours to provide students with a comprehensive eye examination. This will be done by appointment only and typically takes up to 20 minutes. Each attendee will receive an individual report regarding the eye health and a prescription will be provided if glasses are required. The school will not have access to the individual report but will be notified if glasses were recommended. Please note that this service does not sell glasses and the prescription can be taken to any optical store.

The program's aim is to detect visual problems that may interfere with a student's learning abilities and subsequently hinder their academic potential. A significant number of students have visual problems that go undetected. The main visual issues that go undetected are **inadequate focusing** and **eye teaming abilities** that could lead to symptoms such as poor concentration, fatigue, headaches and unwillingness to read.

This eye health service is available to all students and is covered by Medicare Australia – so there is **no cost** to the students. The form below is to be completed by the parent or guardian.

***If you do not wish for your child to participate in the program, please fill in your child's name and tick the box below. Please return the form ASAP.**

Name: _____ Year: _____ Roll Call Class: _____

I **am not** interested in having my child's eyes examined.

If you do wish for your child to participate in the program, please fill in the medicare details and return the form to the front office ASAP .

I **DO WISH** that my child's eyes be examined as part of the **Student Eyecare Program**.

Medicare Details of student only

Name of student as appearing on card: _____ Year: _____ Roll Call Class: _____

Your child's Date of Birth: /

Medicare number: Your child's reference number:

Valid to: /

Parent/Guardian's signature (to agree to Medicare Bulk Billing): _____ Date: _____

If you have any questions, please call us on (02) 8188 1336 or visit www.studenteyecare.com.au