



**IF YOU WANT YOUR CHILD TO PARTICIPATE IN THIS VISION PROGRAM,  
DO NOT FILL OUT THIS FORM.**

Dear Parent/Guardian,

The Office of School Health Vision Program is providing free eye exams and glasses to students who fail our vision screening. An eye doctor will be at your child’s school on \_\_\_\_\_. This is a non-invasive eye examination. No instruments or drops will be put in your child’s eyes during this exam. If our doctor prescribes eyeglasses, a program staff person will help your child select a frame from our contracted vendor.

***If you do NOT want your child to receive these services from the DOHMH Vision Program, please fill out the section below and return this form to your child’s school.***

Should you have questions about this program, you may call Marcia Rodriguez, Follow-up Unit Supervisor, at 718-786-5154 (English/Español) or 855-771-3937.

Sincerely,

Thomas Phelan  
Director, School Health Vision Programs

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I do NOT want my child to receive free non-invasive vision screenings and access to recommended free glasses through the DOHMH Vision Program.

Child’s Name \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_