



### Consent Form for Eye Care

To: Parents/Guardians of Eligible Children Needing Eye Exams

Re: Parental Consent for Brien Holden Foundation Eye Examination and any follow up care

Student Name: \_\_\_\_\_ DOB: / / School: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ DOB: / / contact number: \_\_\_\_\_

[note: we need parent/guardian date of birth to be able to apply for glasses through NSW Government]

Does your child identify as  Aboriginal  Torres Strait Islander  Neither

Does your child attend your local Aboriginal Medical Service if Yes, are you happy for us to share their eye examination results with them?  Yes  No If YES what AMS do they attend: \_\_\_\_\_

All eye examinations are **free of charge and bulk billed by Medicare** can you please provide your

Medicare Number \_\_\_\_\_ child reference number: \_\_\_\_\_

**If your child requires glasses, they can be received free of charge through the NSW Government funded Spectacle Scheme, if you receive a Centrelink benefit. PLEASE supply copy of pension card.**

As part of our eye exams, we ask some background questions regarding the child’s eye and health history. Please fill this form in to the best of your knowledge to help us fully understand your child’s eyes and vision.

**Child’s current eye problems:**

- Do you have a **main concern** regarding your child’s eyes or vision?
- No, I’d just like them to have a routine eye examination
  - Yes, please describe your main concern: \_\_\_\_\_

Please indicate to what extent the following apply to your child:

Your **child complains** of the following:

Difficulty seeing far away (e.g. board at school/TV)  Not at all  Sometimes  Almost always

Difficulty focussing up close (e.g. reading/writing)  Not at all  Sometimes  Almost always

Headaches  Not at all  Sometimes  Almost always

You have **noticed behaviours** in your child such as:

Sitting very close to the TV  Not at all  Sometimes  Almost always

Holding a book/electronic device very close to face  Not at all  Sometimes  Almost always

Excessive eye rubbing  Not at all  Sometimes  Almost always