



## PERMISSION FORM FOR VISION SCREENING AT DAY CARE

Dear Parents:

The Division of Service for the Blind will be screening the vision of the children in the \_\_\_\_\_ Day Care. Special emphasis will be on detecting amblyopia, also known as lazy eye syndrome. If amblyopia goes without treatment to the age of six, the child may permanently lose the vision in one eye. Please indicate your agreement or non-agreement to this screening for your child by signing in the space provided below.

Sincerely,

I Agree  Do Not Agree  \_\_\_\_\_  
(Child's Name)

may participate in the low vision screening program described above.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)