



**Somerset**  
NHS Foundation Trust

School Vision Screening Service  
Orthoptic Department  
Musgrove Park Hospital  
Parkfield Drive  
TAUNTON  
TA1 5DA

Tel: 01823 344479 (Direct Dial)

Email: [schoolvisionscreening@SomersetFT.nhs.uk](mailto:schoolvisionscreening@SomersetFT.nhs.uk)

Dear Parent or Guardian

Your child's vision will shortly be checked as part of the National Screening Programme.

This is carried out across Somerset by the NHS School Vision Screening Team based at Musgrove Park Hospital in Taunton. More information can be found via the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/653434/vision\\_screening\\_parent\\_leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653434/vision_screening_parent_leaflet.pdf)

If your child's vision falls below certain levels you will be asked to attend a local hospital for further investigations. We will send a letter home via your child's school to let you know the outcome of these checks. **No further vision tests are carried out at school.**

If we need to see your child again for further investigations we will require your child's school to pass us contact information including names, address and telephone numbers of parents/guardians and GP information.

**If you do not consent to your child's vision being tested please return the slip below to your child's school so this information can be passed to the vision screeners on the day they visit.**

If you have any queries please contact us on the number above.

Yours faithfully

Julia Devine  
Lead Orthoptist, Musgrove Park Hospital

.....  
**Opting your child out of School Vision Screening:** Only return this form if you do **NOT** want your child to be screened.

**I do not wish** my child to have their vision screened as part of the School Vision Screening Programme.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's School: \_\_\_\_\_

Parent's/Carer's Name: \_\_\_\_\_

Parent's/Carer's Signature: \_\_\_\_\_

Reason for Opt Out: \_\_\_\_\_

Please return to your child's school office