

Screening & Universal Team
Waldron Health Centre
SE14 6LD
Tel: 0203 049 3415
Email: lq.shsscreeing@nhs.net

Dear Parent/Carer,

Vision and Hearing Screening for children in Reception Year.

The School Health Service will be attending your child's school to carry out routine vision and hearing screening for all reception children. The screening is important to ensure any issues for learning and development are identified at an early stage in order for your child to be able to fulfil their potential in school.

How will I find out the results of my child's vision and screening results?

- If your child passes the vision and hearing screening, you will receive a letter from the School Health Team.
- If your child fails the screening, you will be informed of the test results via letter.

What do I need to do if my child fails the vision or hearing screening?

- If your child fails vision they will be referred to an eye specialist (optometrist/ophthalmologist)
- If your child fails hearing they will be referred to a hearing specialist (audiologist).

As a parent/carer you do not need to do anything if you are happy for your child to be screened and referred.

Withdrawing your child from the hearing & vision screening

If you do not want your child to take part in the vision and hearing screening, please e-mail lq.shsscreeing@nhs.net providing your child's name, date of birth, school attended, your name and optional information about why you are declining. Alternatively, you can complete the slip below and submit to your child's school. Children will not be made to take part on the day if they do not want to.

All health-related information is kept confidential, however, in some instances this may be shared on a need-to-know basis with other services including the school, to enable better support for your child in school. The School Nurse will contact you to discuss the need to share other health-related information where relevant.

If you have any questions please contact the **School Health Screening & Universal Team** on 0203 0493415 or email lq.shsscreeing@nhs.net.

Yours faithfully,



Zipora Govere
Community Matron School Health Service

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Return this form if you **DO NOT want your child to participate.**

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Form 1: Opt-out slip

I do not wish my child to be screened for their hearing and vision.

Child's name: _____ Year: _____ Class: _____

Child's school: _____

Parent's/carer's name: _____

Parent's/carer's signature: _____

Please return to: **SCHOOL OFFICE**

