NATION'S VISION

What we do:

Nation's Vision (NV) is a multidisciplinary portable eyecare team which comprises of assistants/technicians, opticians, orthoptists, optometrists, and ophthalmologists. We provide your child's free-of-charge annual recommended comprehensive eye exam directly within your child's school. Parents are notified by phone or via a report if there are concerns regarding their child's eye exam. All prescriptions are provided upon request. A large selection of glasses are available directly on-site. Pricing varies depending on frame/lens selection and eligibility/access to health benefit plans. Free glasses are available through the Nation's Vision Humanitarian Eyewear Program. Applications for this program are available upon request.

Why should I sign up:

1. Research has demonstrated that:
   a. **1 in 3 participating schoolchildren in priority schools may require glasses.**
   b. Parents and teachers are unable to accurately identify children experiencing difficulty with their vision and often, children are unaware of any issues.
   c. **Unidentified eyecare problems can lead to irreversible vision loss.**
2. Nation's Vision is the ONLY approved in-school eyecare program in Alberta.

How clinics run:

Consent forms will arrive home with your child. Complete ALL fields and SIGN the form.*

1. **Phase 1:** NV team performs pretesting and screening of consented children.
   a. Those who screen positive for an eye concern will be reassessed in phase 2. **
2. **Phase 2:** NV team completes assessments on children identified in Phase 1 who require further examination.
   a. Parents/guardians will be contacted by phone (and by email if included in the consent form), if their child requires eye drops, glasses, or further assessment following Phase 2. Please note Phases 1 and 2 may occur simultaneously depending on staff availability.
   b. **Please expect a phone call from 587-997-4896 or the school number during regular business hours. If you miss the phone call and did not provide an email, please check your voice messages. If we are unable to reach you, your child will not be able to proceed to Phase 3 and may be included on a confidential list sent to the school administration or principal, in order to assist us in reaching you.**
3. **Phase 3:** A NV optical team member will return to the school, 3 to 6 weeks following completion of Phase 2, and will deliver all completed orders (glasses we ordered following successful contact with the parent/guardian). Those who are absent during Phase 3 will need to arrange to retrieve their glasses by emailing us at **optical@nationsvision.ca**.

Who qualifies for this service:

All children, attending participating schools, who do not have an optometrist. All in-school eye exams are provided free-of-charge. Glasses are covered privately, through benefit plans or through the Nation's Vision In-School Humanitarian Eyewear Program. Please note, we also provide financial assistance for adult and senior eye exams and glasses. If interested feel free to reach out by email at **info@nationsvision.ca**.

* Please complete the RIGHT hand panel, sign and return the form to the school. All bolded sections are mandatory. If you have signed up in the past and DO NOT want to have your child seen by our clinic again, please email us at **info@nationsvision.ca**

** Those who do not undergo phase 2 are still eligible for an annual eye exam free of charge at a local optometrist.

Contact Us

www.nationsvision.ca info@nationsvision.ca 587-997-4896

CONSENT FOR EYE EXAM

Child's First Name | **Child's Last Name**

Date of Birth (MM/DD/YYYY) ☐ Male ☐ Female ☐ Non-Binary

Ethnicity | Preferred Language

Home Address | Postal Code

School | **Grade**

Alberta Health Care Number | **Parent/Guardian Daytime Phone Number**

Date of child's last eye exam: (DD/MM/YYYY) Does your child wear glasses? ☐ Yes ☐ No

First Eye Exam? ☐ Yes ☐ No

Does your child have any known allergies or medical problems? ☐ Yes ☐ No

please list:

Does your child have any problems with their eyes? ☐ Yes ☐ No
(If yes, please specify)

INSURANCE/BENEFITS

*Please provide benefit/insurance details below including: AISH, Alberta Child Benefits, IFHP, NIHB, Private Health Benefits, etc

Benefits/Program Number

Insurer | Group #

Member ID | Policy Holder Name

Policy Holder D.O.B. (MM/DD/YYYY)

Declaration of Consent

I confirm that I have read the attached information regarding the vision clinic. I am aware that I must contact the Nation's Vision team if I have any questions or concerns about these services. I am satisfied with and understand the information I have been given and I consent to the provision of an eye exam .

I understand that I may, at any time, withdraw my consent to service, by contacting the Nation's Vision Team by email. I confirm that I have the legal authority to provide consent for service. I understand that services provided by Nation's Vision are not a specific activity or service provided by the school and participation in the above services is voluntary.

I hereby give Nation's Vision staff permission to do the following:

- ✓ Complete child's comprehensive eye exam.
- ✓ Use eye drops, if necessary, to temporarily dilate child's eyes.
- ✓ Have child seen by an eye-specialist, at specified school, if additional testing is needed.
- ✓ Provide fitted eyewear.

Signature of Person(s) Giving Consent

Relationship to Child:
☐ Parent
☐ Guardian
☐ Other

Name of Person(s) Giving Consent (print) | Date of consent (MM/DD/YYYY)

Parent/Guardian's Email

Nation's Vision collects information in accordance with Section 20 of the Health Information Act (HIA) for providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please askour Nation's Vision team.