

#### What we do

Nation's Vision is a multidisciplinary portable eyecare team providing equitable and accessible services to priority populations. We provide comprehensive eye exams performed by a licensed optometrist, aided by a certified optometric assistant and optician. We do NOT provide vision screening, we do better than that, Nation's Vision brings the entire optometry office to the school and provides your child's recommended annual eye exam right in the comfort of their school. Parents are notified by phone or via a report if their child has an abnormal eye exam. All prescriptions are provided, if necessary.

#### How clinics run

Clinics are set up directly in your child's school

## Why do this

It is estimated that in local priority schools, 1 in 3 school-children require glasses. Vision care is an essential component of childhood education and health, however, is frequently forgotten amongst many other concerns and responsibilities during the school year. Nation's Vision has been approved to provide services in select schools throughout the region to assist parents/guardians in ensuring their child has access to eyecare.

# Who qualifies for this service

All children, under 19 years of age, are eligible for a comprehensive eye exam. Coverage is provided for one complete eye exam per year upon presentation of a valid Alberta Health Care card. Children who have undergone a comprehensive eye exam within the past year should return to their optometrists for their annual visit. Children who are not covered for eye exams will be provided free services.

### When clinics run

Your child's school staff will inform you of the date of your child's appointment.

# **Covid-19 Protocols**

Nation's Vision adheres to all standards and protocols set forth by the Alberta College of Optometry and our host school districts. Feel free to contact us to learn more about how we keep our patients and staff safe!

### **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-Binar	
Nationalit	у		Ethnici	ty	
Home Address		City	Po	stal Code	
Date of child's last eye	(	MM-DD-YYYY	)	Grade st Time? □	
Does your child wear (	glasses?	No Y	es		
Does your child have a	ny known a	llergies or	medical pro	blems?	
☐ No ☐ Yes, please I	ist:				
Does your child have a (If yes, please specify		s with thei	r eyes? 🔲	No 🗌 Yes	
Alberta Health Care N Do you have *NIHB or yes, please provide y	*IFHP cover	age? 🗌 N		」No □ Yes	
eclaration of Consen	t				
confirm that I have read the attached ision team if I have any questions of iformation I have been given and I co understand that I may, at any time, wi confirm that I have the legal authorit	or concerns about to onsent to the provision thdraw my consent	hese these servic on of an eye exan to service, by callii	es. I am satisfied wan performed by an o	vith and understand the optometrist on team at 587-997-4896	
ision are not a specific activity or ser					
Signature of Person(s	) Givina Cor	sent			
Relationship to Child:	Parent (with a Guardian or Le Other (specify	uthority to pro			
			/	/	
Name of Person(s) Giv	ing Consent (	orint) Da	te of consent	(MM-DD-YYYY)	
Daytime Phone	Alternate	Phone Phone	Parent/Gu	iardian'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 ask our Nation's Vision team.

\*Interim Federal Health Program (IFHP), Non Insured Health Benefits (NIHB)