



0-19 Public Health Nursing
Civic Offices
Euclid Street
Swindon
SN1 2JH

Tel: 01793 465452

Dear Parent/Guardian,

VISION SCREENING 2025- 2026 - RECEPTION YEAR

The School Nursing Service will be carrying out vision screening for all Reception Year children.

If your child currently wears glasses or is supported by an eye specialist, they will still be screened unless you choose to opt out. Please ensure they bring and wear their glasses on the day, as this is required for the assessment.

During the vision screening, a trusted adult will always be present with your child. We will explain the process to them, so they feel comfortable and know what to expect.

If the screening indicates that your child requires further follow-up, you will receive a letter in the post—usually within 10 working days.

If you **do not** wish your child to have their vision screened in school, please complete the form below and return it to the school before the scheduled session on **Wednesday 6th May**.

Please note that, should a referral be required, we will request your contact details from the school to ensure the appropriate follow-up can be arranged.

Yours faithfully,

Gemma Heath
School Health Screener

Dr Emma Kain
Director of Public Health
Swindon Borough Council

If you are in agreement with your child having their vision screened no action needs to be taken.

If you **DO NOT** want your child to have vision screening, please inform your child's school by returning this completed slip, as soon as possible.

NAME: Date of Birth:

School:

Signed: Parent / Guardian Date:

(Please tick all boxes that apply)

My child already has prescribed glasses

☐

My child is under care of Optician / Eye clinic at GWH

☐

I do not wish my child to have vision screening

☐