FREE Vision Screening

Undetected vision problems can lead to difficulty with learning to read, slow social development and in some cases even permanent blindness.

FocusFirst has screened more than 235,000 children. Over 25,000 were suffering from undetected vision problems.

Ensure that your child has a healthy start in life.
Please fill out the attached form completely and return it to your childcare director.

- High tech screening (with no eye drops needed) detects more vision problems than traditional tests.
- If a possible vision problem is detected, you will have access to free or low-cost eye care if needed.
- Confirms prescription for children who wear glasses.

For more information, call (855) 436-2871.

Note: This program is based on a process that is screening in nature, not diagnostic. Screening is intended to identify, with a reasonably high probability, children with a wide range of eye problems who should seek the services of an eye care professional for examination and diagnosis. As with any screening process, there is no assurance that all problems will be detected. Also, there are eye problems that are not normally detected by this screening process, including diseases affecting the retina and optic nerve, glaucoma, some astigmatisms and color blindness. No screening process, including that of FocusFirst, is a substitute for a full examination by a qualified eye care professional.
Eye Screening Child Form

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY. USE THE NAME CHILD GOES BY IN THE CLASSROOM.

1. Child’s…

| First Name |  |  |  |  |  | Age |
| Last Name  |  |  |  |  |  | Male/Female |
| Teacher    |  |  |  |  |  | Race |

If for some reason you do not want your child screened, see the note in the box to the right. Otherwise, fill out this form completely.

2. Parent/Guardian’s…

Name: ____________________________________________
Address: ________________________________________________
Apartment/Lot Number: ____________________________________
City, State, Zip: __________________________________________

3. If we may contact you directly if your child has a possible problem, please provide your phone number.

Home Phone #1: ( ) ___________  Home Phone #2: ( ) ___________
Cell Phone #1: ( ) ___________  Cell Phone #2: ( ) ___________
Work Phone #1: ( ) ___________  Work Phone #2: ( ) ___________

Signature: ____________________________________________

4. Has your child ever been examined by an eye doctor? □ YES  □ NO

If yes… About how long ago? ___________  What was the result?

Does the child have glasses or contacts? _____  Does he/she normally wear them? ______

Do you know of or suspect any eye problems not mentioned above (Describe):

____________________________________________________

Follow-up Care: If your child’s vision screening indicates a POSSIBLE vision problem, you will be contacted by Sight Savers America about follow-up eye care services.

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Results are returned on this form. Please do not fold, staple, or tear.