****IF YOU DO NOT WANT THIS SERVICE FOR YOUR STUDENT, SIGN AND RETURN THIS FORM****

Dear Parent or Guardian:

Vision To Learn is excited to announce that we will come to your child's school to provide vision services to students. This includes a routine vision exam and, if needed, eyeglasses.

***All this is available at no cost to you.***

**About Vision To Learn**
Vision To Learn is a non-profit organization working in communities across the U.S. offering vision services to students in support of their academic achievement.

**Student Vision Services**
Vision screenings will take place at your student's school. If your child does not pass the screening, they will be referred to the Vision To Learn mobile clinic to receive a routine eye exam by a trained and licensed independent optometrist. If needed, your child may also be prescribed glasses. The optometrist may also identify and refer students in need of follow-up vision care. *Eye exams do not involve eye drops or dilation.*

Vision To Learn follows CDC, state and federal regulations including staff daily health screenings, the use of Personal Protective Equipment for staff and students, non-contact exam procedures, enhanced ventilation on clinic, and thorough disinfection between patients. Vision To Learn is committed to following best practices to prioritize the safety of our students.

**Student Information for Vision Services**
The school will share your child's name, date of birth, gender, parent/guardian name, demographic and contact information, and vision screening results with Vision To Learn. Vision To Learn will share your child's eye exam information with the school. Vision To Learn may also share limited information required to receive programmatic funding from the state.

**Medi-Cal Benefit Usage**
Receiving vision services provided by Vision To Learn's mobile clinic will constitute a routine eye examination and – as needed – eyeglasses and dispensing of glasses that may be billed to your child's Medi-Cal benefits, if applicable. Please note that a no-cost eye exam and eyeglasses will be provided even if your insurance cannot be billed. You may receive a notice called an Explanation of Benefits (EOB) from your insurance carrier with information regarding the services billed and the payments that have been approved, but you will not receive any bill for the services or eyeglasses.

**Glasses**
If your child receives a prescription for glasses:

1) They will choose a frame
2) Vision To Learn will order the glasses
3) A trained and licensed optician will dispense glasses at the school within three weeks

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*Return this form if you do **not** want your child to receive free vision services.*

If you choose to **opt out** of (or decline) vision services for your student, please complete the information below and return to your child's school by **in the next 3-5 business days**. If we do not receive a signed copy of this form, your child will receive the services.

I **do not** give permission for my child _____ to participate in the Vision To Learn program.
*(Student Name)*

_____ _____/____/_____
*Parent Signature* *Date*

If you have Vision To Learn program questions, please contact Vision To Learn at the information listed below.