

January 2026

School Nursing Service
Sirona care & health
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This document can be provided in other formats and languages, please contact us:

Haddii aad u baahatid dukumentigan luqad kale, fadlan tag:

Jeśli potrzebujesz tego dokumentu w innym języku, przejdź do:

إذا كنت تحتاج إلى هذا المستند بلغة أخرى ، فيرجى الانتقال إلى:

Heger hûn vê belgeyê bi zimanekî din hewce bikin, ji kerema xwe biçin vê navnîşanê:

ئەگەر پێویستت بەم بەلگەنامەیە بە زمانێکی تر، تکایە بچۆ بۆ:

sirona.bristolschoolnursing@nhs.net

Dear Parent/Guardian,

Re: Vision screening checks for children in Reception

The Vision Screening Programme

NHS guidelines recommend that all children are screened for vision in their first year at school. The aim is to find any problems early so your child can get timely and effective treatment if needed. Therefore, with the support of your child's school, we would like to offer your child a basic vision screen.

During the vision screening, your child will have the vision of each eye checked. It is not necessary for your child to know their letters to be tested. If screening suggests reduced vision, you will be notified and, depending on the result, we will either recommend that you take your child to an optician, or we will automatically refer them to the Orthoptist team at the Bristol Eye Hospital for further testing.

If your child needs a referral to the Orthoptist team at the Bristol Eye Hospital, we will request your contact details from your child's school to be able to make this referral.

For more detailed information on how we use and protect your information, you can read our privacy notice on our website: <https://sirona-cic.org.uk/policies>

It is recommended that all children visit their community optician annually to ensure good eye health.

Withdrawing your child from the Vision Screening Programme

If you are happy for your child to be screened, you **do not** need to do anything.

If you do not want your child's vision to be screened, please complete the opt out form at the end of this letter and return it to your child's class teacher.

Children will not be made to take part on the day if they do not want to.

If your child then moves to a different school during their school year please ensure that you inform the new school if you do not want your child to take part.

If you have any queries, please do not hesitate to contact us.

Yours faithfully,

School Nursing Service

If you would like to find out how else your School Health Nursing Service can support you and your child, there are a variety of resources available on our website. Please scan the QR code with your smartphone camera to have a look. If you do not have access to a smartphone, the website address is also above where you can access the materials.



Opt Out Form

If you are unable to print a copy of this form, please contact the school office where you will be able to obtain a paper copy.

If your child then moves to a different school during their school year please ensure that you inform the new school if you do not want your child to take part.

Opt Out Form: Vision Screening

Please complete and return this to your child's teacher if you DO NOT wish your child to take part in the vision screening programme.

Child's Name:

Date of birth: **Male/Female (delete as appropriate)**

Address:

Postcode: **School:** **Class**

This form needs to be signed by a person with legal parental responsibility for this child and returned to school.

Print name: **Sign name:**

Relationship to child: **Date:**

Please contact your School Nursing team if you wish to discuss this form or any aspect of your child's health.