

Child's Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_



VISION  
FOR  
BALTIMORE

Dear Parent/Guardian,

**Please return this form to school by September 17, 2019. All students who return the form will be entered into a school raffle for Target, Walmart and Amazon gift cards.**

During the 2019-2020 school year, Vision for Baltimore will be coming to your school!

Vision for Baltimore, a city-wide partnership, will offer vision screenings, eye exams, and glasses for your child. One in four children may struggle to see clearly in school and this can impact their learning. Vision screenings and eye exams help to identify children who may need glasses or treatment of other eye problems.

### Here is how the program works:

**Vision screening:** Your child's vision will be screened by the Baltimore City Health Department (BCHD) during the school year. You will be informed of the screening results, including whether your child passed or failed. If your child does not pass the screening, an eye exam is recommended to check their vision.


**Eye exam:** The Vision To Learn mobile vision clinic will visit your child's school to provide eye exams to students who fail the vision screening. The eye exam is performed by a licensed optometrist. No eye drops are used. If the optometrist finds that your child needs glasses, he or she will have the opportunity to pick from a variety of Warby Parker frames, and glasses will be ordered. You will be informed of the results of your child's eye exam, including if he or she needs glasses or a referral for follow-up care.

**Eyeglasses:** Approximately 4 weeks after the eye exam, Vision To Learn will return to your child's school to distribute the glasses, customized with their prescription, and fitted by a trained optician. Last year, more than 2,000 students received glasses through Vision for Baltimore.

**Monitoring:** School staff and Vision for Baltimore staff will work together to encourage students to wear their glasses, and track their success. If a student breaks or loses their glasses, Vision for Baltimore can help with repairs and replacements.

**Costs:** You will not be charged for the exam or glasses. All students can participate in the program, regardless of insurance status. If your child is enrolled in Medicaid, then Medicaid may be billed for the eye exam. Vision for Baltimore is a nonprofit program, and billing Medicaid helps more kids get eye exams. 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.

Please review the information below and decide if you want your child to receive an eye exam and glasses (if needed) from the Vision for Baltimore program if they fail a vision screening. Even if you say no, please complete your child's information in the box below, check the "No" box and return this form to school for our records.

Turn over 

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**If you have questions and want to talk with someone about the program before deciding on participation, please call Vision for Baltimore at 410-545-0140 or email at [visionforbaltimore@baltimorecity.gov](mailto:visionforbaltimore@baltimorecity.gov).**

**Child's First Name** (please print) \_\_\_\_\_

**Child's Last Name** (please print) \_\_\_\_\_

**Name of School** \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade** \_\_\_\_ **Gender**  Male  Female  
(month) (day) (year)

**Parent/Guardian First and Last Name** (please print) \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Please check ONE box (YES or NO) below regarding your child's participation in the Vision for Baltimore program.**

YES, I WANT my child to receive an eye exam and glasses (if needed), if he/she fails the vision screening.

NO, I DO NOT WANT my child to receive an eye exam and glasses (if needed) if he/she fails the vision screening but I understand he/she will be screened by BCHD.

By checking the YES box on this form, I agree that if my child fails the school vision screening, he/she can receive an eye exam and glasses, if necessary, through the mobile vision clinic operated by Vision To Learn. I consent to Vision To Learn accessing my child's Medicaid ID Number and billing Medicaid for those services, if applicable.

I agree that I am waiving all claims against Baltimore City Public Schools that may arise from my child's participation in the program. I grant permission for Baltimore City Public Schools' employees or volunteers to bring students to the mobile vision clinic to receive services during school hours on school grounds.

My signature shows that I have read and understand the terms of this Vision for Baltimore Consent and Release Form and agree to its conditions.

**Parent/Guardian First and Last Name: (Please Print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_