

Screening & Universal Team  
Waldron Health Centre  
SE14 6LD  
Tel: 0203 049 3415  
Email: [lq.shsscreening@nhs.net](mailto:lq.shsscreening@nhs.net)

Dear Parent/Carer,

### **Vision and Hearing Screening for children in Reception Year.**

The School Health Service will be visiting your child's school to carry out routine vision and hearing screening for all Reception children. **This will take place on Tuesday 5<sup>th</sup> May.** These checks are important to identify any issues early, supporting your child's learning and development so they can reach their full potential in school.

### **How will I receive my child's results?**

- **If your child passes the screening:** You will receive a letter confirming the results.
- **If your child does not pass the screening:** You will receive a letter with the results and next steps.

### **What happens if my child does not pass?**

- **Vision:** Your child will be referred to an eye specialist (optometrist/ophthalmologist).
- **Hearing:** Your child will be referred to a hearing specialist (audiologist).

You do not need to take any action if you are happy for your child to be screened and referred if necessary

### **If you do not want your child to take part**

If you wish to withdraw your child from the vision and hearing screening, please email [lq.shsscreening@nhs.net](mailto:lq.shsscreening@nhs.net) with:

- Your child's name
- Date of birth
- School name
- Your name
- Reason for declining (Optional)

Alternatively, you can complete the slip below and return it to your child's school. Children will not be screened if they do not wish to participate. If we do not hear from you before the screening date, your child will be included.

### **Confidentiality**

All health information is kept confidential. In some cases, relevant details may be shared with other services, including the school, to provide better support for your child. The School Nurse will contact you if additional information needs to be shared.

If you have any questions, please contact the School Health Screening & Universal Team on **0203 049 3415** or email [lg.shsscreening@nhs.net](mailto:lg.shsscreening@nhs.net).

Yours faithfully,



Wilma Munzara  
**Community Matron/ Head of School Health Service**

Return this form if you **DO NOT want your child to participate.**

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**Form 1: Opt-out slip**

**I do not wish** my child to be screened for their hearing and vision.

Child's name: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

Child's school: \_\_\_\_\_

Parent's/carer's name: \_\_\_\_\_

Parent's/carer's signature: \_\_\_\_\_

Please return to: **SCHOOL OFFICE**

