



*Vision Screening Letter Reception Class Only*

Academic Year 2025/26

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This document can be provided in other formats and languages, please contact us:

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

Jeśli potrzebujesz tego dokumentu w innym języku, przejdź do:

Dear Parent/Guardian,

**Re: Vision screening checks for children in Reception**

### **The Vision Screening Programme**

NHS guidelines recommend that all children's eyesight is checked 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. With the support of your child's school, we would like to offer your child a basic vision screen alongside the National Child Measurement Programme (NCMP).

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 an Orthoptist at the hospital for further testing.

If your child needs a referral to an Orthoptist team at the hospital, we may need to request your contact details from your child's school to be able to make this referral.

Information about how Sirona care & health collect and use information can be found at [sirona-cic.org.uk/policies/](https://sirona-cic.org.uk/policies/).

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

### **Taking Part**

If you are happy for your child's vision to be checked, you **do not** need to do anything.

If you do not want your child's vision to be checked, please complete the opt out form at the end of this letter and send to [sirona.ns.schoolhealthreview@nhs.net](mailto:sirona.ns.schoolhealthreview@nhs.net) by **Friday 19<sup>th</sup> December 2025**.

Children can choose not to take part on the day if they do not want to.

If your child 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 Team

If you would like to find out how else the School Nursing Service can support you and your child, please access the Sirona website at <https://sirona-cic.org.uk/children-services/> or scan the QR code below.



## Opt-out Form Vision Screening

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Only complete this form if you **DO NOT** wish your child to take part in the vision screening programme. **Please return it by Friday 19<sup>th</sup> December 2025].**

Child's Name	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	School:	<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>

I do not wish my child to take part in the Vision Screening programme

**This form must be signed by a person with parental responsibility**

Signature:  Date:

Print name:

Relationship to child:

If your child moves to a different school during the academic year, please ensure that you inform your child's school if you do not want your child to take part.

When you have completed this form, please email it to: [sirona.ns.schoolhealthreview@nhs.net](mailto:sirona.ns.schoolhealthreview@nhs.net)