FLORIDA HEIKEN
Children's Vision Program, LLC

FREE EYE EXAM AND GLASSES - SCHOOL PROGRAM

Dear Parent/Guardian,

The Florida Heiken Children's Vision Program is offering comprehensive eye exams and glasses if necessary, for Florida public school students in your county who qualify to participate. This program is available at no cost to you or your child's school.

If your child is able to participate after verification, we will send you a form through your child's school with the name, address and phone number to a participating doctor, for you to call and schedule an appointment. The doctor will also receive the same form to have your child's information on file. When there are 15 or more eligible students in one school, we may schedule our mobile eye care unit to visit your child's school to perform the eye exams.

The comprehensive eye exam, administered by an eye doctor, includes a thorough examination of your child's vision and eye health. In order to perform the examination, eye drops are used to dilate the pupils, which allows the doctor to get the most accurate eye health information and prescription information needed for eye glasses, should they benefit your child. The drops are safe, and adverse reactions are extremely rare. Light sensitivity and blurry near vision are normal for up to 4-6 hours following the exam.

For your child to participate in this FREE program, please fill out the attached form <u>completely</u>, sign the Heiken consent at the bottom and have your child return the form to the school nurse or counselor.

Remember: As 85% of what a child perceives, comprehends, and remembers depends on the visual system. It is imperative that all children have the gift of good vision for success in school and their future. Last year, about 80% of those who were examined needed glasses. Your child may need glasses!

If you have any questions please contact your child's school counselor or the Heiken main office at (305) 856-9830 or 1-888-996-9847.

The Children's Trust

601 Southwest 8th Avenue, Miami, FL 33130
Phone: (305)856-9830 / 1(888)996-9847
Fax: (305)856-9840 / 1(888)980-8474
www.miamilighthouse.org/floridaheikenprogram.asp

Florida HEALTH

Free Exam & Eyeglasses School Program

FLORIDA HEIKEN Children's Vision Program FOUNDED 1992

For School Personnel use Only: County: _____
Referring school/agency:_____
Mandatory Vision Screening Fail Date: _____
Is the Student on the Free or Reduced Lunch Program? Circle One: YES NO
Signature: _____ Date: _____

School (full name) _____ Grade ___ Teacher _____ Student I.D. _____
Student's Name _____ Male/Female Student's Date of Birth _____
Address_____ Apt _____ City _____ Zip Code _____
Home Phone_____ Parent's Day Phone _____
Parent/Guardian Name (print)_____ Email Address _____

Ethnicity (Circle One): African-American Asian Hispanic Native-American White (non-Hispanic) Haitian Other
Spoken Language (Circle One): English Spanish Creole Portuguese Other _____
Does your child wear glasses? Yes_____ No _____ Broken _____ Lost_____
Has your child seen an eye doctor in the past year? Yes _____ No_____
Please list any eye problems your child has: _____
Please list any medication or eye drops your child uses: _____
Please list any allergies your child has:_____
Does your child have any special needs/development delays? Yes _____ No _____
Does your child require any auxiliary aids (such as interpreter, sign language, visual aids, wheelchair, Braille?) Yes_____ No_____
If Yes, please explain: _____

Has your **child** had any of the following:

YES	NO	
☐	☐	Eye Surgery / Injury
☐	☐	Eye Turn / Strabismus / Lazy Eye
☐	☐	Vision Therapy / Eye Patching
☐	☐	Glaucoma
☐	☐	Diabetes
☐	☐	Sickle Cell
☐	☐	Asthma
☐	☐	Headaches
☐	☐	Other

Has your child's **family** had any of the following:

YES	NO	
☐	☐	Eye Turn / Strabismus / Lazy Eye
☐	☐	Blindness
☐	☐	Macular Degeneration
☐	☐	Glaucoma
☐	☐	High Blood Pressure
☐	☐	Sickle Cell
☐	☐	Other

Please explain any "YES" answers from above: _____

Consent for eye examinations - By signing below, I authorize Florida Heiken Children's Vision Program to provide my eligible child with a comprehensive eye examination including dilation, either at school site by a mobile Optometrist or the office of an assigned participating provider.
Notice of privacy practices – By signing below, I understand that the Notice of Privacy Practices for the Florida Heiken Children's Vision Program is available for review if I should request a copy via phone at (305)856-9830 / 1(888)996-9847.
Mutual exchange of information – By signing below, I authorize the mutual release of information between the Florida Heiken Children's Vision Program and your County Public Schools of any and all optometry medical reports on my child to participating program providers. I also authorize my County Public School to release any required information listed above that may be missing or unclear to process this application.
*I/We release and hold harmless the County School Board of any and all responsibility and liability for any injury or claim resulting from participation in the Florida Heiken Children's Vision Program because of accident or mishap involving the participation of my child/ward in the program.

LEGAL GUARDIAN SIGNATURE (Heiken consent) _____ Date: _____

Authorization to file insurance claims—If my child has an insurance plan that is accepted and has an opportunity to be seen on a mobile unit visit (only), I hereby authorize Florida Heiken Children's Vision Program to bill my child's insurance for a comprehensive, dilated eye exam, and eyeglasses, if prescribed (includes selected frames, clear poly lenses, and no add-ons). I understand this will use my child's insurance vision benefit.

SIGNATURE (Authorization to bill insurance) _____ Date: _____

The Florida Heiken Children's Vision Program is an equal opportunity organization and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status. Revised 7-31-2014

School/Agency: Please fax completed form with Heiken Fax Cover Sheet to (305)856-9840 / 1(888)980-8474