HEHC
HEALTHY EYES HEALTHY CHILDREN

Dear Parent,

Raising a child is a great blessing and an awesome responsibility. Thankfully, you do not have to do it alone. The Lakeview School family is dedicated to helping your child be successful in school and in life. Now, it is our pleasure to offer convenient vision care to your child's education experience as well.

Vision is more than a measurement of 20/20. It is often incorrectly assumed that if a child passes a vision screening then there is no vision problem. However, vision screenings often only test for visual sharpness. While vision screenings are a start on the road to healthy eyes, they are not the final answer. In reality, the vision skills needed for successful reading and learning are much more complex. A child who can see 20/20 can still have a vision problem.

Vision is a complex process that involves several skills, using more than 65% of all the pathways to the brain. **One in four children have undiagnosed eye problems which can interfere with learning and lead to academic and/or behavioral problems.** However, it is important to know that these children frequently do not report symptoms because they think everyone sees the same way they do.

Correct vision is vital in the classroom. Up to 80% of learning that kids do in school occurs through their eyes; yet nearly half of all kids have never had a real, comprehensive eye exam!

Here are a few quotes to think about.

"*It is estimated that 80% of children with a learning disability have an undiagnosed vision problem.*" – Vision Council of America

"A three year study of 540 children found that those children who had visual perceptual and eye movement difficulties did poorly on standardized tests." – Dr. Lynn Hellerstein, FAAO, FCOVD, Developmental Optometrist and Past President of COVD.

"Early diagnosis and treatment of children's vision problems is a necessary component to school readiness and academic learning…" National PTA Policy Statement 2005, Elements of Comprehensive Health Programs

Optometry Cares, the American Optometric Association Foundation, has made children's visual health and visual education one of it's priorities in the "Healthy Eyes Healthy Vision" campaign. The Essilor Vision Foundation has sponsored the AOA's "Healthy Eyes Healthy Children" Community grant. Through this grant we, in Lakeview, are able to open a clinic called EMA's Eyes. This on-campus eye clinic will offer a comprehensive eye exam to students, during school hours and offer glasses to students who need them.

There are 54 available appointment times during this school year. If you are interested in having your child's eyes examined at school then please complete the enclosed form and return it to your child's teacher. A Care Coordinator from EMA's Eyes will contact you with more details.

We are excited to help your child achieve their fullest potential. Providing healthy, comfortable vision is a small but critical step on the path to a bright future.

Sincerely,

Teresa Aris O.D., M.S.
EMA's Eyes, Director

emaseyes@gmail.com
989-287-4566
Lakeview, MI

ESSILOR
VISION FOUNDATION

OPTOMETRY CARES
The AOA Foundation

EMA's Eyes Pediatric Health History Form

emaseyes@gmail.com
989-287-4566
Lakeview, MI

Child's Name: _____ Date of Birth: _____
Your Name: _____Your relationship to child: _____

Development Questions:

Were there any complications during pregnancy? _____
Was this child considered: Full-term or Premature Birth Weight _____
If premature, how many weeks? _____
At what age did your child:
Crawl: _____ Walk: _____ Say words: _____

Household Questions:

Number of people living with this child: _____ Number of siblings: _____
Do any household members smoke: Yes / No
How many hours per day does your child spend:
Watching TV _____ Using a computer _____ Playing video games _____
Do you have any concerns regarding peer or teacher relationships?_____
_____

Sports/Exercise:

Type of sport(s): _____
How often: _____ How long? _____ Minutes / Hours

Medical History:

Pediatrician/Primary Physician Name: _____
Current medications taken by this child: _____
Allergies: _____

Ocular History:

Eye surgery: Yes / No Type:_____
Year/ Child Age of surgery: _____
Eye Trauma: Yes / No Type: _____
Year/ Child Age of trauma: _____
Glasses: Yes / No
Were the glasses for Distance / Reading / Full Time Wear

Date Received: _____

Please check any of the following conditions that your child or any family member has had:

	Child	Immediate Family Member	Other		Child	Immediate Family Member	Other
Asthma	☐	☐	☐	Kidney Disease	☐	☐	☐
Anemia	☐	☐	☐	Seizure	☐	☐	☐
Blood Disorder	☐	☐	☐	Migraines	☐	☐	☐
Cancer	☐	☐	☐	Depression	☐	☐	☐
Heart Problems	☐	☐	☐	Anxiety	☐	☐	☐
High Blood Pressure	☐	☐	☐	Alcoholism/Drugs	☐	☐	☐
Stroke	☐	☐	☐	Diabetes	☐	☐	☐
Thyroid Disease	☐	☐	☐	ADD / ADHD	☐	☐	☐

Review of Systems:

Circle all symptoms that your child is currently having

- ☐ Constitutional: Fever, Chills, Fatigue, Weight Loss, Weight Gain, Excessive Thirst,
- ☐ Ears, Nose, Throat: Cough, Shortness of Breath, Snoring, Ear Pain, Runny Nose
- ☐ Respiratory: Wheezing, Chest Tightness
- ☐ Musculoskeletal: Muscle Pain, Weakness, Growing Pain, Swelling
- ☐ Gastrointestinal: Nausea, Vomiting, Diarrhea Constipation, Abdominal Pain
- ☐ Skin: Rashes
- ☐ Psychiatric/ Emotional: Anxiety, Stress, Depression, Sleep Problem, Angler Concern, Attention Difficulties
- ☐ Cardiovascular: Chest Pain, Palpitations, Tires Easily with Exertion, Fainting
- ☐ Genitourinary: Frequent Urination, Burning, Bedwetting, Frequent Accidents
- ☐ Neurologic: Headaches, Seizures, Clumsiness, Milestone Delay

Eyes: Itching, Burning, Redness, Eye Turn, Eyelid Droop

EMA's Eyes Symptom Form

emaseyes@gmail.com
989-287-4566
Lakeview, MI

Dear Parent,

Thank you for your interest in EMA's Eyes. It is our pleasure to support you as a parent or guardian in any way possible. Please return this form to your child's teacher and a care coordinator from EMA's Eyes will contact you for further information.

Student Name: _____Date of Birth:_____

Student Address: _____

Parent or Guardian Name: _____

Parent or Guardian Phone Number: _____

I give my permission to release my child's information to EMA's Eyes for eye care purposes and to Lakeview Community Schools as needed.

Signature of parent or guardian: _____

This line **MUST** be signed before any further steps can be taken.

Main reason for referral: _____

Please mark any of the following symptoms you may have noticed:

- ☐ Frequent eye rubbing or blinking
- ☐ Frequent headaches
- ☐ An eye turning in or out
- ☐ Seeing double
- ☐ Covering one eye
- ☐ Tilting the head to one side
- ☐ Holding reading materials close to the face
- ☐ Avoiding reading and other close activities
- ☐ Losing place when reading
- ☐ Difficulty remembering what he or she read
- ☐ Disparity between written and auditory abilities
- ☐ Short attention span
- ☐ Poor posture when reading
- ☐ Behavioral problems

List any additional observations or considerations, please include behavioral, family, health and any additional factors you think may impact our care and treatment of this child.

_____

_____

Thank you for your time. We will make every effort to ensure your child's eye care needs are addressed as quickly as resources allow.

Sincerely,
Teresa Aris O.D., M.S.
EMA's Eyes Director

Date Received _____

EMA's Eyes Exam Consent Form

emaseyes@gmail.com
989-287-4566
Lakeview, MI

Please read this form in its entirety. The signature line **MUST** be signed before your child can be examined. If you have questions regarding anything on this form, please call Aris Eye Care, PC and ask for Mindy at (989) 287-4566 or e-mail mindyariseyecare@gmail.com

Signing the line below is your recognition that you have reviewed all six of the items in this consent form and have agreed to the terms and conditions set forth in each item. This will serve as awareness of our HIPPAA Privacy Policy, consent for treatment, media release, your authorization to bill any available insurance, the selection of eyeglasses, and acceptance of the use of eye drops.

Signature of Parent/ Guardian: _____ Date:_____

1. EMA's Eyes will keep my child's identifying information strictly confidential. I acknowledge that I have access to a complete copy of the EMA's Eyes HIPPAA act that I can print at any time. I am aware that I have the right to request a copy of the HIPPAA policy in writing at any time.

2. I consent to have a complete eye exam including all necessary tests performed on my child. I have the right to request a copy of my child's eyeglass prescription and can request a copy of his or her exam record in writing at any time.

3. EMA's Eyes, its representatives and employees may take photographs, statements, videos and audio recordings of my child and may use and publish those in print and/or electronically.

_____ Yes, I give my permission _____ No, I refuse

4. EMA's Eyes is a not-for-profit program that will provide eyeglasses if your child needs them, at no cost to you. If available, EMA's Eyes will attempt to utilize your child's state-funding insurance for a complete set of eyeglasses.

_____ _____

(Member ID Number) (Insurance Company Name)

5. EMA's Eyes may provide either prescription eyeglasses or blue-light blocking eyeglasses for your child through your child's insurance or through the EMA's Eyes Grant. These eyeglasses will be selected at the time of your child's exam with guidance from an EMA's Eyes Volunteer. Please encourage your child to take proper care of these eyeglasses as they are specially made for your child.

Mark **only one** of the following lines

_____ My child can pick out glasses through EMA's Eyes. I am aware that frame color and style are the choice of my child and cannot be changed once the order is placed.

_____ I will take my child to pick out glasses at a different location at my own expense.

6. I understand the risks, benefits and side effects of eye drops. Please read the next page for more information before marking one of the following options.

_____ Yes, I give my permission to use any eye drops as needed

_____ No, I refuse to allow the use of eye drops

Eye drops are an important tool that your eye doctor will use to complete a thorough eye health evaluation of your child. While not mandatory, eye drops are strongly recommended to ensure any potential problems are found and addressed. The eye drops that may be used include any of the following:

- 1% Proparacaine/ Fluorescein Sodium or Benoxinate/ Fluorescein- These are topical numbing drops that are used to make your child's eyes more comfortable. The drops will cause the eye to be numb and have a yellow color for less than 15 minutes. The drop may cause slight eye irritation for up to one minute following instillation.
- Tropicamide 0.5% or 1%- This drop is used to dilate the pupil of the eye. Pupil dilation allows the eye doctor to see farther inside the eye for a more thorough health examination. Dilation causes light sensitivity and difficulty seeing up close for about 2 to 3 hours.
- 1% Cyclopentalate- This drop may be used to dilate the pupil instead of Tropicamide. This eye drop dilates the pupil allowing for a better eye health evaluation. It also relaxes the ciliary muscle inside the eye. This muscle is what allows your child to see clearly up close and also across the room in some children who are farsighted. Relaxing this muscle allows the eye doctor to determine if a stronger eye glass prescription is needed to help improve the use and flexibility of this muscle. This drop is especially useful for children who have never had an eye exam, who are experiencing headaches, eyestrain, double vision, have difficulty reading or have trouble in school. The effects of this drop wear off after 8 hours or more. Your child will be sensitive to light and will have blurred vision.

Eye drops are rarely contraindicated in children, however if the provider at EMA's Eyes has a concern for any reason, drops will be avoided. Temporary sunglasses will be given to your child if his or her eyes are dilated and a note will be sent to your teacher regarding the eye drops and effects.