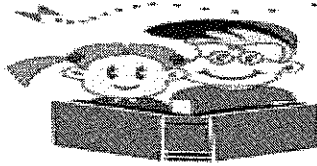


Clear Vision,



Bright Future!

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Wisconsin Optometric Association Parent's Guide to Good Vision and Healthy Eyes!

Vision Facts

- ⌚ **80%** of all learning during a child's first 12 years of life is obtained through vision.
- ⌚ Vision disorders are the **4th** most common disability in the United States and the **most prevalent** handicapping condition in childhood.
- ⌚ **8 to 12 million** school age children are at risk from undetected vision impairments

The bottom line is: Your child's ability to see clearly in school will have an enormous impact on their ability to learn. As parents, you can ensure that your child's academic performance is maximized from the beginning of their educational career by having their eyes tested. Undiagnosed and, therefore, untreated vision problems among our children represent one of the most serious, yet overlooked, health issues facing our nation.

Under the "Clear Vision, Bright Future" Initiative, Wisconsin optometrists have partnered with parents, school district administrators, school nurses and other health providers to encourage students to receive the eye health and vision care they need. This Initiative provides the opportunity not only to enhance the academic future of your child, but also to provide a strong foundation for those who may be at-risk for visual learning problems.

Parents & Teachers- Please do not assume that a child has healthy eyes and no problems seeing in school. That assumption could risk the child's future eye health and school achievement. Have their eyes examined.

Tips for parents scheduling comprehensive eye exams for their children:

1. Schedule the exam early in the day, at least 3-4 months before school starts
2. Let your child know that there won't be any shots involved
3. Make a game of it; practice looking at pictures and making it fun

Wisconsin Law

A current Wisconsin law, Statute Chapter 118.135 states: Each school board shall request each pupil entering kindergarten to provide evidence that the pupil has had his or her eyes examined by an optometrist or evaluated by a physician.

Financial Assistance for Eye Exams

Many children in Wisconsin do not have insurance coverage for eye examinations. Member doctors of the Wisconsin Optometric Association (WOA) provide free eye examinations for children who do not have insurance and who cannot afford such care. **Please contact the WOA's VISION USA Program at (877) 435-2020 to request an application form or for more information regarding this special program.**

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____
Parent or Guardian _____ Phone _____
Address _____ County _____
School/Kindergarten _____ City _____
Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of Examination:

Doctor/Physician Signature:

Important Notice to Parents

This examination is not required by law.

Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____