

GLASSES FOR KIDS: CONSENT FORM 2021

Your consent is being sought for your child to participate in the **Glasses for Kids** program, which provides **free vision screening and if needed, further testing and glasses** for students in Prep to Year 3.

The program is managed and delivered by State Schools' Relief, a charitable non-government organisation, and a number of partner providers.

The Department of Education and Training (**DET**), which includes all Victorian government schools, central and regional offices, is providing funding to State Schools' Relief to support this program.

In addition to this consent form, you will have received an information sheet about the Glasses for Kids program plus an eye health (optometrist) questionnaire for your child which also needs to be returned. Please read this information carefully. If you need any clarification, please contact your child's school.

Glasses for Kids program partners will be conducting the screening and testing at your child's school.

PRIVACY PROTECTION

Your child's health information collected through this process will be held by your child's school (which is part of DET), State Schools' Relief (an external organisation) and the relevant partner provider(s) who conduct and supervise the screening and testing of your child.

DET, State Schools' Relief and its partner providers will handle all your child's personal and health information (including on this form and the eye health questionnaire) in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*, and DET information handling policies. Information collected about your child will be collected and used for the purpose of administering and providing the services of the Glasses for Kids program.

This consent form and your child's information will be shared with the appropriate school staff, and staff within State Schools' Relief and its partner providers, who need to know to facilitate your child receiving services provided through the Glasses for Kids program, or otherwise when permitted or required by law.

Any further testing that may be required is bulk billed through Medicare. Glasses for Kids program partners require the Medicare number via the questionnaire in case students require further testing on the day.

See: www.education.vic.gov.au/pages/privacypolicy.aspx

PLEASE COMPLETE AND SIGN IF YOU CONSENT TO YOUR CHILD TAKING PART

I authorise and consent to my child receiving **free vision screening and if needed, further testing and glasses** by a registered optometrist during school hours at school through the Glasses for Kids program.

I confirm that I have read this consent form, the Information for Families sheet and have read and completed the optometrist questionnaire for my child. I confirm I understand how my child's personal and health information will be collected and managed by my child's school (which is part of DET), State Schools' Relief and the partner provider(s).

PLEASE WRITE IN CAPITAL LETTERS

CHILD'S SCHOOL	SWAN HILL PRIMARY SCHOOL
YEAR AND CLASS	
CHILD'S FULL NAME	
CHILD'S DATE OF BIRTH	
PARENT/GUARDIAN NAME	
RELATIONSHIP TO CHILD	
PARENT/GUARDIAN SIGNATURE	
DATE	



Education and Training