

**Dear Parent/Guardian:**

Vision correction can have a dramatic impact on a child's ability to learn, participate in sports, and form a positive self-image. Since your child participated in the *Sight for Students Program*, we ask your help in telling the story. Please complete the information below and send it to Prevent Blindness Texas. Thank you.

\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\*

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Way of Contact? \_\_\_\_\_

Why was child referred? (*select as many as apply*)

- |  |   |
|--|---|
| <input type="checkbox"/> Eyes that cross or point outward              | <input type="checkbox"/> Holding books and objects unusually close                      |
| <input type="checkbox"/> Frequent blinking, squinting, or rubbing eyes | <input type="checkbox"/> Frequent complaints of eye discomfort, headaches, or dizziness |

Date of Current Eye Exam: \_\_\_\_\_ Date of Last Eye Exam: \_\_\_\_\_

*If the child had never had an eye exam previously, did he/she participate in vision screenings at school?*  Yes  No

After the exam, vision correction had an impact on this child's ability to: (*select as many as apply*)

- Learn  Participate in sports  Form a positive self-image  Get follow-up care for a chronic disease  
 Other: \_\_\_\_\_

**CHILD'S SUCCESS STORY**

How has the eye exam and eyeglasses, if needed, help you? Do you have more interest in learning, socializing, playing sports? Have you noticed an improvement in any areas? Do you like what your glasses look like? (*use reverse or separate sheet if necessary*)

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**If possible, please also send examples of photos, school work, etc.**

May we share your story with others?  Yes  No

To do this, **Prevent Blindness Texas** must obtain your consent to release your vision success story and/or photograph with third parties including the media, donors and foundations.

I hereby authorize **Prevent Blindness Texas** and Prevent Blindness America to use the above information and/or photographs in materials including, but not limited to, press releases, marketing materials, brochures, reports, media broadcasts for up to 10 years from the date of this release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please Mail or Fax to: Prevent Blindness Texas, 2202 Waugh Drive, Houston, TX 77006 or 713-529-8310**