Child's Name: _____

Student ID Number: _____

VISION FOR BALTIMORE

Dear Parent/Guardian,

During this school year, Vision for Baltimore will be coming to your school!

Vision for Baltimore, a city-wide partnership, will offer vision screenings, eye exams, and, if needed, eyeglasses for your child. One in four children may struggle to see clearly in school and this can impact their learning. Vision screenings and eye exams help to identify children who may need glasses or treatment of other eye problems. Beginning this year and next, Vision for Baltimore will now be serving all preK-12 Baltimore City Public Schools.

Here is how the program works:

Vision screening: When your child's school is visited, their vision will be screened by the Baltimore City Health Department (BCHD) or nonprofit charity Vision To Learn at no cost to you. You will be informed of the screening results, including whether your child passed or failed. If your child does not pass the screening, an eye exam is recommended to check their vision.

Eye exam: The Vision To Learn mobile vision clinic will visit your child's school to provide routine eye exams to students referred to by vision screenings, at no out-of-pocket cost to you. The eye exam is performed by a licensed, independent optometrist. No eye drops are used. If your child needs glasses, they will have the opportunity to pick from a variety of Warby Parker frames, and glasses will be ordered. You will be informed of the results of your child's eye exam, including if they need glasses or a referral for follow-up care.

Eyeglasses: Approximately 4 weeks after the eye exam, Vision To Learn will return to your child's school to distribute the glasses, customized with their prescription, and fitted by a trained optician. There is no out of pocket cost to you. Last year, more than 3,000 students received glasses through Vision for Baltimore.

Monitoring: School staff and Vision for Baltimore staff will work together to encourage students to wear their glasses and track their success. If a student breaks or loses their glasses, Vision for Baltimore can help with repairs and replacements.

Costs: You will not be charged for vision screening, eye exam, or eyeglasses. All students can participate in the program, regardless of insurance status. If your child is enrolled in Medicaid, then Medicaid may be billed for the routine eye exam. Vision for Baltimore is a nonprofit program, and billing Medicaid helps more kids get eye exams. You may receive a notice called an Explanation of Benefits (EOB) from your insurance carrier with information regarding the services billed and the payments that have been approved, but you will not receive any bill for the services or eyeglasses.

Please review the information below and decide if you want your child to receive an eye exam and glasses (if needed) from the Vision for Baltimore program, if eligible. Even if you say no, please complete your child's information in the box below, check the "No" box and return this form to school for our records.

If you have questions and want to talk with someone about the program before deciding on participation, please call Vision for Baltimore at 410-616-2344 or email at v4b@bcps.k12.md.us.

Child's First Name (please print) _____

Child's Last Name (please print) _____

Name of School _____

Date of Birth _____ / _____ / _____ **Grade** _____ **Gender** ☐ Male ☐ Female
(month) (day) (year)

Parent/Guardian First and Last Name (please print) _____

Phone _____ **Email** _____

Street Address _____ **Zip Code** _____

Please check ONE box (YES or NO) below regarding your child's participation in the Vision for Baltimore program.

☐ YES, I WANT my child to receive an eye exam and glasses (if needed) if they fail the vision screening or previously received services through our program.

☐ NO, I DO NOT WANT my child to receive an eye exam and glasses (if needed) if they fail the vision screening, but I understand they will be screened by BCHD in mandated grades (If they attend an elementary or middle school).

By checking the YES box on this form, I agree that if my child fails the school vision screening or is eligible for our program, they can receive an eye exam and glasses, if necessary, through an independent optometrist on board the mobile vision clinic operated by Vision To Learn. I consent to Vision To Learn accessing my child's Medicaid ID Number and billing Medicaid for those services, if applicable. I further consent to Vision To Learn receiving identifying data from Baltimore City Public Schools including my student's name, date of birth, contact information, and parent/guardian name, to facilitate program delivery.

I agree that I am waiving all claims against the Baltimore City Board of School Commissioners (Board), Baltimore City Public Schools (City Schools), Vision To Learn, the Baltimore City Health Department (BCHD) and their respective employees and volunteers that may arise from my child's participation in the program. I grant permission for City Schools employees or volunteers to bring students to the mobile vision clinic to receive services during school hours on school grounds. Also, I release and discharge the Board, City Schools, Vision To Learn, BCHD, and their respective employees and volunteers from any and all actions and liabilities I may have against the Board, City Schools, Vision To Learn, BCHD, and their respective employees and volunteers relating to the Vision for Baltimore program.

My signature shows that I have read and understand the terms of this Vision for Baltimore Consent and Release Form and agree to its conditions.

Parent/Guardian First and Last Name: (Please Print) _____

Parent/Guardian Signature _____ **Date** _____