

_____ School

Philadelphia, PA 19
Tel. _____



_____ (Date)

Dear Parent or Guardian:

Your child's vision is very important for his or her learning. A vision screening conducted by your child's school nurse shows that your child is suffering from poor vision. An eye exam may help identify vision problems.

The Eagles Eye Mobile, a program of Eagles Youth Partnership, will provide this eye exam for your child **at no charge**. The Eagles Eye Mobile staff will give your child:

- A comprehensive eye exam
- A pair of eyeglasses if needed

All you need to do is:

Complete the attached consent form.

Sign for receipt of "Notice of Privacy Practices", also attached.

Be sure that your child is present on _____ (Date) when the Eagles Eye Mobile is scheduled to visit _____ (School).

Sincerely,

_____ (Nurse)

Tel. _____