EYE THRIVE

Summer 2024
Only valid 06/01/24-8/15/24

(Please fill out front and back of form)

Get a free eye exam for your child – and eyeglasses if your child needs them!

Eye Thrive is proud to operate a Mobile Vision Clinic that gives free eye exams and prescription glasses to children in our community. The community center is allowing us to offer your child this free service.

What to do with this form: Fill out this form and return it to the community center.

Tell us about your child

First name: _____ Last name: _____

Date of birth: _____ Grade: _____ School: _____ District: _____

Sex: □ Male □ Female □ Prefer not to say □ Other

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: □ American Indian or Alaska Native □ Asian □ Black/African American □White/Caucasian
□Native Hawaiian or Other Pacific Islander □ Prefer not to say □ Other _____

Is your child enrolled in Medicaid? □ Yes □ No If yes, my child's Medicaid ID is: _____

Is your child enrolled in Free or Reduced Lunch? □ Yes □ No

Home street address _____

City _____ State _____ Zip code _____

Agreement from parent or guardian

By signing below, you confirm you are the parent or legal guardian of the child listed above. You also agree to:

- Let Eye Thrive's licensed optometrist and staff give your child an eye exam (with drops if needed) and prescribe and give them eyewear (if needed)
- Let us share the results of your child's eye exam with you, your child's school nurse, and any health specialist we may refer your child to for follow-up and continued care
- Allow us to verify your child's Medicaid eligibility and, if applicable, bill Medicaid for the eye exam only

Parent or guardian signature: _____ Date: _____

Parent or guardian printed name: _____ Relationship to child: _____

Parent or guardian phone: _____ Parent or guardian email: _____

Sign here if you allow your child to be photographed or filmed solely for the promotion of Eye Thrive:

Parent or guardian signature: _____ Date: _____

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Tell us about your child's health history

Eye Health

Has your child ever received an eye exam? □ Yes □ No If yes, was it from Eye Thrive? □ Yes □ No

Has you child ever been prescribed glasses? □ Yes □ No If yes, how long ago? _____

Does your child wear glasses now? □ Yes □ No

Does your child complain of blurry vision? □ Yes □ No

Has your child every injured or had surgeries on their eyes? □ Yes □ No If yes, please explain: _____

_____

Please list any family history of eye disease such as blindness, glaucoma, astigmatism: _____

_____

General Health

Please list any health conditions your child has been diagnosed with (doctor said they have): _____

_____

Has your child been diagnosed with diabetes? □ Yes □ No

If yes,

- A1C number: _____
- If yes, year of diagnosis: _____

Please list any medicines your child is currently taking: _____

Please list any allergies your child has to foods or medicines:_____

_____

314-736-1400 | info@eyethrive.org | www.eyethrive.org