

What we do

Nation's Vision is a multidisciplinary portable eyecare team providing equitable and accessible services to priority populations. We provide comprehensive eye exams performed by a licensed optometrist, aided by a certified optometric assistant and optician. We do NOT provide vision screening, we do better than that, Nation's Vision brings the entire optometry office to the school and provides your child's recommended annual eye exam right in the comfort of their school. Parents are notified by phone or via a report if their child has an abnormal eye exam. All prescriptions are provided, if necessary.

How clinics run

Clinics are set up directly in your child's school.

Why do this

It is estimated that in local priority schools, 1 in 3 school-children require glasses. Vision care is an essential component of childhood education and health, however, is frequently forgotten amongst many other concerns and responsibilities during the school year. Nation's Vision has been approved to provide services in select schools throughout the region to assist parents/guardians in ensuring their child has access to eyecare.

Who qualifies for this service

All children, under 19 years of age, are eligible for a comprehensive eye exam. Coverage is provided for one complete eye exam per year upon presentation of a valid Alberta Health Care card. Children who have undergone a comprehensive eye exam within the past year should return to their optometrists for their annual visit. Children who are not covered for eye exams will be provided free services.

When clinics run

Your child's school staff will inform you of the date of your child's appointment.

Covid-19 Protocols

Nation's Vision adheres to all standards and protocols set forth by the Alberta College of Optometry and our host school districts. Feel free to contact us to learn more about how we keep our patients and staff safe!

Contact us

www.nationsvision.ca info@nationsvision.ca 587-997-4896



CONSENT FOR EYE EXAM

| Child's First Name | | Chil | Child's Last Name | |
|---|--|--|--|--|
| Date of Birth (MM-DD-YYYY) | / / | ☐ Male ☐ | Female 🗌 Non-Binar | |
| Natio | nality | | Ethnicity | |
| | | | | |
| Home Addre | ess | City | Postal Code | |
| | | | | |
| Date of child's last | School : eye exam: | / / (MM-DD-YYYY) | Grade First Time? | |
| Does your child w | ear glasses? | ☐ No ☐ Yes | | |
| Does your child ha | ave any known | allergies or med | lical problems? | |
| ☐ No ☐ Yes, plea | ase list: | | | |
| Does your child ha | | ms with their ey | es? No Yes | |
| (If yes, please spe | | | r insurance or benefits asses? | |
| | re Number 3 or *IFHP cov | for gl | | |
| Alberta Health Cal | re Number 3 or *IFHP cov | for gl | asses? No Yes | |
| Alberta Health Cal | re Number 3 or *IFHP cover de your cover | for gl | asses? No Yes | |
| Alberta Health Car Do you have *NIHE yes, please provi | re Number 3 or *IFHP cover de your cover nsent tached information regal stions or concerns about | erage? No age number: arding the vision clinic. I amust these these services. I a | asses? No Yes Yes aware that I must contact the Nation's m satisfied with and understand the | |
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| Alberta Health Cal Do you have *NIHE yes, please provi Declaration of Cor confirm that I have read the at lision team if I have any que information I have been given a understand that I may, at any t confirm that I have the legal a lision are not a specific activity | re Number 3 or *IFHP cover de your cover nsent tached information regalestions or concerns about and I consent to the prolime, withdraw my consecutively to provide doby on(s) Giving C d: Parent (with Guardian of | erage? No age number: Inding the vision clinic. I am ut these these services. I a vision of an eye exam perferent to service, by calling the sent for service. I understand the school and participation onsent h authority to provide a Legal Representative. | aware that I must contact the Nation's m satisfied with and understand the ormed by an optometrist. Nation's Vision team at 587-997-4896 of that services provided by Nation's on in the above services is voluntary. | |

Nation's Vision collects information in accordance with Section 20 of the Health Information Act (HIA) for providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask our Nation's Vision team.

*Interim Federal Health Program (IFHP), Non Insured Health Benefits (NIHB)