

**St. Lucie Public Schools, Florida - Exceptional Student Education (772)-429-3600
Consent for Transportation for Medical Eye Examinations**

Student Name:	Parent Name:	
Address:	D.O.B.:	School:
City, State, Zip:	Home Phone:	Work Phone:
ID#:	Medicaid#:	

Dear Parents of _____ :

Your child is in need of a functional vision assessment, as determined through the reevaluation process. In order to complete the assessment, a current medical eye examination is required. The school district will provide transportation to your child's eye examination during the school day. His/her teacher of the visually impaired will accompany your child from school, to the doctor's office, and back to his/her school. The teacher of the visually impaired will also accompany your child during the medical eye examination.

An appointment has been scheduled at the following location as indicated:

C.R. Lait Optical
2305 Oleander Avenue Suite 1
Fort Pierce, FL 34982
(772)465-6616

Date: _____

Time: _____

Please assure that your child is in attendance at school on this day. In the event your child is not at school, please call the ESE Program Specialist for the Visually Impaired Program at 429-4570 as soon as possible in order to cancel transportation and the appointment.

I understand that my signature gives permission to St. Lucie County Public Schools to transport my child via St. Lucie County Public School Transportation to C.R. Lait Optical for my child to receive a medical eye examination.

Parent Signature

Date

Based on the results of the eye examination, I also give permission for C.R. Lait Optical and its' medical staff to release the results of the eye examination to the St. Lucie County Public Schools' ESE Department. I understand that the school system will provide a copy to me upon my request.

Parent Signature

Date

Office Use Only

_____ The Emergency Contact Information Card is attached to this request

Request Approved by: _____ Date _____
ESE Program Specialist

Sent to Exceptional Student Education on _____