



Hilltown Community Health Center

School-Based Health Programs
12 Littleville Road
Huntington, MA 01050
413-667-0142
www.hchcweb.org

Dear Parent or Guardian,

You have expressed interest in having your child _____
see the eye doctor at the school-based health center this year.

The eye doctor Dr. Krusell / Dr. Purdy would like to know if we have your permission to use eye drops during the exam to dilate your child's eyes. In certain cases, drops can be useful to ensure an accurate glasses prescription and check the health inside the eyes.

Side effects of the eye drop include blurry vision, especially when trying to read, for 4-6 hours. If drops are used, your child's teacher will be notified.

Drops are not always necessary and a form will be sent home on the day of the eye exam letting you know if drops were used. If you prefer your child not have their eyes dilated, please indicate so on this form.

____ YES, you can use drops in my child's eyes.

____ NO, please do not put any drops in my child's eyes.

Our forms can be returned by mail, sent in with your child, faxed, or emailed. If you have different insurance coverage for eye appointments please let us know.

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12 Littleville Road
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FAX 413-667-0145

If you have any questions, please feel free to contact us! (413)667-0142

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