EYE EXAM and GLASSES for your child at NO COST



The Eye Care Charity of Mid-America operates the Mobile Vision Clinic. This is a vehicle with a complete optometry office and lab onboard. This FREE health service is authorized by your school administration and coordinated by your school nurse and your school's student health services.

I want my child to get a vision exam from an optometrist and a pair of glasses (if needed) from the Eye Care Charity of Mid-America at NO COST. Complete this form and return as directed.

Child's Name		Date of Birth		Gender M F	
Address					
		SchoolGrade			
Cities of Comments,	Black or African American Native American		an Caucasian or White Other	Hispanic	
Is your child enrolled in Medicaid? (circ	le one) No Ye	if y	res, my child's Medicaid ID is:		
Your signature as parent or guardian geye drops, and fit your child with glass applicable bill Medicaid only.	es. You are also	givir	ng permission to verify Medicald	eligibility and if	
Parent/Guardian SIGNATURE			Date		
	of Mid-Americ	a	ned or filmed solely for the promo(Parent or Guardian I		
at the state and the	Cilia	3 IICa	Details:		
Please circle all that apply:	Yer	. No	<u>Details:</u>		
Did your child receive an eye exam at school last ye Does your child wear glasses?		No			
Are there any problems with his/her vision?	dollar.	No			
Has your child ever injured his/her eyes?	Yes	. No			
Does your child suffer from any medical conditions	or illnesses? Yes	s No			
Do any family members suffer from any medical co		s No		10	
Does your child currently take any medication?		s No			
Is your child allergic to any medicines or food?	Ye	s No			

If you have any questions please contact Kate McKearn, Director of Resource Development, at: katemckearn@eccoma.org or 636-778-1022

Ronald McDonald ESSI			3			
	CP	ESSIL	Ronald McDonald	1	13	Our Community
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