



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

PARENT RESPONSE FORM FOR VISION REFERRAL

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR
SCHOOL NURSE IMMEDIATELY

STUDENT'S NAME _____ GRADE _____

Check one:

_____ I have vision insurance for my child and will make an appointment with:

_____ Name of Eye Doctor _____ Address _____

_____ I need assistance in locating an eye doctor.

_____ I do not have vision insurance and request financial assistance in obtaining an eye exam.

For immediate assistance, please call the school nurse at 397-_____.

Parent Signature _____ Date _____

Parent Phone Number _____
Home _____ Work _____

Thank you for your attention to this important matter.