

Travelling Low Vision Clinic for Alberta

Comprehensive Low Vision Assessment for Children in Alberta

PARENT AUTHORIZATION FORM

- I give the Travelling Low Vision (TLVC) team permission to assess my child as part of the clinic and to have a comprehensive summary report created.
- I give the TLVC team permission to share the comprehensive summary report with the following (*Please check all that are applicable*):

- Clinic Ophthalmologist
- My Child's School
- Canadian National Institute for the Blind (CNIB)
- My child's teacher of the visually impaired (TVI)

Child's Legal Name (Please Print): _____

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Please ensure this form is completed and emailed or uploaded to the online referral form.

This personal information is collected pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act. This personal information is being collected to determine eligibility to participate in Alberta Education's Travelling Low Vision Clinic (TLVC). The personal information will also be used and disclosed to the members of the TLVC team for the assessment and provision of educational programming for children and youth with low vision. The assessment report developed by the TLVC will only be shared with individuals approved by the child or youth's parents or guardians. Questions regarding the collection may be directed to the Director, School & Community Supports, Alberta Education, 8th Floor, 44 Capital Boulevard, 10044-108 Street, Edmonton, AB T6J 5E6 or by telephone at 780-422-5045.

(Dial 310-0000 to be connected toll free from outside the Edmonton area.)

Traveling Low Vision Clinic Partners:

