

Kindergarten Free Eyeglasses Order Form

Manitoba **kindergarten** children are eligible to receive for one FREE PAIR of eye glasses through the Eye See...Eye Learn™ program. The optometric practice has agreed to participate in this program, and to waive their dispensing fees.

Les **enfants de la maternelle** du Manitoba sont admissibles à recevoir une PAIRE GRATUITE de lunettes dans le cadre du programme Eye See...Eye Learn™. Votre cabinet d'optométrie a accepté de participer à ce programme et de renoncer à ses frais d'exécution d'ordonnance.

Parent/Legal Guardian Authorization:

As a participant in the **Eye See...Eye Learn™** program, I consent to the above information regarding my child being released to the following parties: the participating lab, and the Manitoba Association of Optometrists which administers the **Eye See...Eye Learn™** program.

By signing, I also confirm that eye glasses through the program are subject to a one year warranty, and will ONLY be replaced in the event of a manufacturers' defect, and NOT for accidental breakage or loss.

Autorisation du parent/tuteur légal :

En tant que participant au programme **Eye See...Eye Learn™**, j'accepte les informations ci-dessus concernant mon enfant être communiqué aux parties suivantes : les participants laboratoire et la Manitoba Association of Optometrists qui administre le programme **Eye See...Eye Learn™**.

En signant, je confirme également que les lunettes du programme sont soumises à une garantie d'un an et seront remplacées UNIQUEMENT en cas de défaut de fabrication, et NON en cas de casse ou de perte accidentelle.

Parent/Legal Guardian Signature:
Signature du parent/tuteur légal: _____

Date: _____

Child's Legal Name:
Nom légal de l'enfant : _____

Date of Birth:
Date de naissance: _____

School Child Attends:
L'école fréquentée par l'enfant: _____

To find an optometrist - trouver un optométriste: www.optometrists.mb.ca/find-an-optometrist

OFFICE USE ONLY

Clinic Name _____ **Clinic Phone** _____

Clinic Address _____ **Dispensing Doctor's Name** _____

Frame Specification

Model Number	Eye Size	Bridge Size	Temple Size	Colour

Transitions (grey only)	Yes	No
Anti-Scratch Coating	Yes	No
Anti-Reflective	Yes	No

Lens Prescription (Airwear/AR/Blue Protect)

	Sphere	CYL	AXIS	PD	Special Instructions
Right					
Left					

Optometrist's Office is required to:

1. Submit online order request on "Essilor Source" site
2. Fax this form to the Manitoba Association of Optometrists at 204-943-1208

Sponsors:



ONESIGHT
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