



GWINNETT COUNTY  
**PUBLIC LIBRARY**

## **Gwinnett County Public Library System FREE Eye Exam and FREE Glasses for Kids ages 5-18**

**Date:** June 21, 2022 from 9:30am to 3:00pm

**Location:** Norcross Library, 5735 Buford Hwy,  
Norcross, GA 30071

**NO walk-ins will be accepted! Space is Limited!**

**You MUST pre-register by emailing this form to**

**[Georgia@visiontolearn.org](mailto:Georgia@visiontolearn.org)**

**Exams are on a first-come first-served basis. You will  
receive a confirmation email IF your child has been  
selected for an exam.**

This summer, Gwinnett County Public Library System, in coordination with Vision To Learn, will offer vision screenings, eye exams, and, if necessary, glasses for your child. **These services are free and will be provided at NO COST to you.** Quality vision care is an important component of education; students that cannot see often struggle to learn to read, to see the board, and to succeed academically.

During the course of this event, your child will be screened. If your child fails the screening, a trained and licensed Optometrist will then perform a basic eye exam on your child, and will prescribe glasses if appropriate. You will be informed if your child may need follow-up care.

Following the eye exam, if your child needs glasses he/she will have the opportunity to pick from a variety of frames, and glasses will be ordered for your child. Approximately 4-6 weeks later, Vision To Learn will return to the library to deliver your child's glasses. You will be notified by library staff once glasses are ready for pickup. **The eye exam and eyeglasses are available to all students who need them, at no out-of-pocket cost to parents or children. FREE!!!**

*\*In light of our COVID-19 safety protocols, we want to ensure the safety of our patients and employees. We have created a customer and patient experience that prioritizes hygiene and safety without sacrificing our quality of care. \*Masks are required on medical vision clinic*

**Return this form if you would like your child to participate:**

**Please PRINT all info: (Please PRINT CLEARLY and complete all sections)**

**Child's Full Name:** \_\_\_\_\_

**Childs DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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