



HOUSTON HEALTH
DEPARTMENT

**See to Succeed Program
School Confirmation to Participate**

School Name: _____

School Representative: _____

Telephone: _____ **Fax:** _____

Email: _____ **School Hours:** _____

Usual Lunch Schedule: _____ **School ID Number:** _____

It is understood that the school will make all necessary arrangements for the safe and timely transport of all students to and from the designated clinic site. Only children within the age of 6 -18 will be referred to this project. If the school's appointment time is scheduled during the usual lunch period, the school will make plans for children to have sack lunches to be eaten at a designated location at the clinic. The school will provide enough chaperones to monitor children while at the clinic.

In order to serve your students efficiently throughout the entire vision clinic, it is imperative to arrive promptly for your scheduled appointment time. Please be prepared to remain at clinic site at least 2-4 hours upon entry. Upon leaving the clinic, the school representative will receive an update on the services received for the day.

The school will provide parents with parental consent forms, updates on services provided and notify if later than usual pickup at the school site will be necessary.

I have read and understand the expectations of my school and what will occur during my school's visit at the vision clinic.

Principal
Signature _____ **School** _____

Contact person: Kenneth Barron at 281-630-4864 or Kenneth.Barron@houstontx.gov