Does your child need new glasses?

EYE THRIVE
Improving futures through sight

Eye Thrive is a St. Louis non-profit that provides free vision screenings, eye exams and prescription glasses to children at their schools and community centers. In response to COVID-19, Eye Thrive is proud to make and safely ship to their home **FREE** prescription glasses to any child that:

- has lost or broken their glasses,
- is between the ages of 4-18, **and**
- has a current, valid* prescription.

To request new glasses for your child, please fully complete steps 1 through 4.

Step 1: Basic Information

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: (MM/DD/YYYY) _____ Child's Gender: Male Female

Child's School Name: _____

Home Mailing Address: _____

Street Address, Unit/Apartment Number, City, State, Zip

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Are your child's glasses: Lost Broken Other: _____

Step 2: Authorization

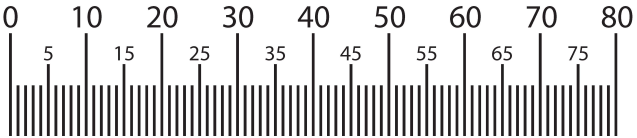
On behalf of the patient, for whom I am legal guardian, I authorize Eye Thrive to dispense prescription glasses according to the current prescription provided or on file.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Release Continues on Back

Please keep this ruler in case we need help fitting frames for your child.



Step 3: Exam Information - Complete only the box that applies to your child.

My child has received an exam from Eye Thrive.

Date of Eye Thrive Exam: _____ Location of Eye Thrive Exam: _____

My child has received an exam from a provider that is <u>not</u> Eye Thrive.

Name of Provider: _____
Eye Doctor, Vision Clinic, Organization

Provider Address: _____

Provider Phone Number: _____

Do you have a copy of your child's prescription? Yes No

- If you answered Yes, please include a copy of the prescription with this form.
- If you answered No, with your permission, Eye Thrive will contact your child's eye doctor in order to acquire the prescription. Please read and sign the records release below.

On behalf of the patient, for whom I am legal guardian, I authorize the above-mentioned provider to release current prescription and relevant medical records to Eye Thrive (229 Millwell Drive, Maryland Heights, Missouri 63043). Furthermore, I authorize that the information regarding the patient above may be released, discussed and disclosed. I understand that I may revoke this authorization at any time and must do so in writing to info@eyethrive.org. Unless otherwise revoked, this consent expires one year from the date signed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Relationship to Patient: _____

Step 4: Submit Form and Prescription to Eye Thrive

This form can be submitted by:

- email: glasses@eyethrive.org
- text: 636-789-8740
- fax: 314-736-1425
- mail: 229 Millwell Drive, Maryland Heights, Missouri 63043

Please include your child's prescription if they were seen by an outside provider. Only prescriptions that have not expired per the dispensing doctor will be honored.

Step 5: New Glasses - After Eye Thrive receives this completed form and confirms a valid prescription, we will begin to process your order. Eye Thrive will contact you directly via phone and/or email to confirm your glasses request. *Please note that safety is our top priority.* All glasses and package contents will be minimally handled and appropriately sterilized prior to shipping directly to the home address provided above. Glasses will <u>not</u> be available for pick up. If you have any questions please reach out to glasses@eyethrive.org or call or text 636-789-8740.