

Health PEI

Public Health and Children's Developmental Services
Speech Language Pathology, Audiology and
Eye See Eye Learn Programs
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Declaration

PEI Eye See Eye Learn Program

Dear Parent or Guardian:

Effective 19 January 2015, children entering Kindergarten (as of July 1 school entry year) or children in Kindergarten and Grades 1 and 2 through to June 30 2015—whose families do not have private health insurance with vision coverage—are eligible to receive and eye assessment and glasses under the Eye See Eye Learn Program (ESEL Program). Please complete this form prior to your child/ren receiving vision services under the ESEL Program.

Please enter your household information below:

Parent/Guardian Name (surname, first name, initials)	Date of birth			Personal Health Number
	D	M	Y	
Mailing Address		City	Postal Code	
Telephone Numbers		Home ()	Work ()	
Child(ren) Participating (surname, first name, initials)	Date of birth			Personal Health Number
	D	M	Y	
1.				
2.				
3.				

Statement of Information Accuracy

I certify that the dependents listed above are not covered by private health insurance with vision coverage. I certify that the information provided on this application for the PEI Eye See Eye Learn Program is accurate and true. I understand that it is an offence to give false information in this application. I acknowledge and understand that if it is determined that I have given false information in this application, I may be subject to legal sanction and I may be required to pay back to the Eye See Eye Learn Program the cost of any vision care received by my child/ren through this program.

Date: _____ Signature: _____

Privacy Statement

The *Freedom of Information and Protection of Privacy (FOIPP) Act* of Prince Edward Island governs the collection, use and disclosure of personal information contained in this form. If you have any questions about the collection, use or disclosure of your personal information, please contact the Health PEI Privacy and Information Access Coordinator at (902) 368-4942.