



# MAPLES COLLEGIATE

1330 Jefferson Avenue  
Winnipeg, MB. R2P 1L3  
Phone: 204-632-6641  
Fax: 204-694-7760

Principal: Melissa Delaronde  
Vice-Principals: Kamal Dhillon, Ryan Cook, Mike Peterson

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## Reminders for the week of September 29- October 3, 2025

**Monday, September 29**

**Day 2**

- Truth and Reconciliation Week

**Tuesday, September 30**

**Day 4**

- National Day for Truth and Reconciliation- **No School**

**Wednesday, October 1**

**Day 5**

**LATE START – Classes begin at 10:00 a.m. TA Class at 1:40-2:40 p.m.**

- Truth and Reconciliation Week
- Grade 9 Choir Camp

**Thursday, October 2**

**Day 6**

- Truth and Reconciliation Week
- Football - Away game at Springfield @4:30pm

**Friday, October 3**

**Day 1**

- Truth and Reconciliation Week

### **Looking Ahead:**

**October 6-10 – Soctokber Kickoff**

**October 8- TA Day**

**October 10- Football - Away game at Nomads Field Vs Garden City @6:30pm**

**October 13- Thanksgiving- No School**

**October 14- Evening of Excellence**

**October 16- Football- Home game VS Kildonan East @4pm**

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Visit our website at [www.7oaks.org/school/maples](http://www.7oaks.org/school/maples)

**New Mobile APP** –Get the SOSD (Seven Oaks School Division) Mobile App and stay connected. Parents, Guardians and Students can get news, calendar events or urgent alerts from the division and their school directly to their devices. Available on the Apple App store or Google Play.



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September 2025

Dear Parent/Guardian:

As part of our commitment to provide the best opportunities for students to achieve success, Maples Collegiate has partnered with Mobile Vision Care Clinic (MVCC) to provide complete vision care for all students at Maples Collegiate.

Surprisingly, one in three children entering school has a vision disorder. Many of these children accept poor vision and other eye problems because they are unaware that their vision is not the same as that of other children. The Canadian Association of Optometrists recommends that children receive a complete eye examination, by an optometrist, every 12 months after starting school.

An optometrist, licensed optician, optometric assistants, and eyeglass specialist(s) will attend our school **on Monday, October 27** to provide comprehensive eye exams for students and provide them with glasses, if required. Dilation will only be administered on an as needed basis, to be determined by the optometrist- please see the attached Dilating Eye Drops Information Sheet for more information. Parents will receive a letter from the MVCC after the eye exam to share any pertinent information.

Manitoba Health covers the cost of children's eye exams and direct billing will be done by the Mobile Vision Care Clinic staff. For some students, eyeglasses may be covered through 3rd party insurance such as Employment Income Assistance (EIA), Non-Insured Health Benefits (Status) or a 3rd party insurance company. Funds are also being donated and raised for families who have no 3rd party coverage and are not in a position to afford the cost of prescription eyeglasses. Manitoba Health will cover the exam for anyone under 19 years old.

If your child requires glasses, they will be delivered to the school. Eyeglass delivery will take place approximately 3 weeks after MVCC has been at the school. Additionally, if your child is identified as having a visual impairment, he/she/they will be referred to the appropriate specialist.

To have your child's eyes examined by the Optometrist, you will need to complete the attached Eye Examination Consent Form. Consent covers eye examinations (covered by Manitoba Health) for your child while their registration is current. **Please have your child return the completed consent form to their Teacher Advisor by Wednesday, October 22.**

If you would like to be present for the frame selection or exam, please indicate this on the consent form.

If you require any further information, please contact the school.

Maples Admin Team



Mobile Vision Care Clinic

# EYE EXAMINATION CONSENT FORM

## A. STUDENT INFORMATION:

Please Print Clearly

Last Name	First Name	Name of School	
Date of Birth (MM/DD/YYYY) ____/____/____	Gender	Grade	Classroom #
Address – AS SHOWN ON MB HEALTH CARD (Street address, City, Postal Code)			

**Do you want your child to participate in the Mobile Vision Care Clinic program?**

☐ Yes (Please complete and return form to the school)

☐ No, \_\_\_\_\_ (Please complete Section A and return form to the school)  
(Parent/Guardian Signature)

## B. STUDENT MEDICAL INFORMATION:

Manitoba Health Number (6 Digits) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							PHIN Number (9 Digits) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

**\*\*\* Has your child seen an optometrist this calendar year? \*\*\***

☐ No ☐ Yes, Date of Eye Exam: \_\_\_\_\_

<b>Eye Health History (Conditions, Injuries, Surgeries, etc.)</b> Is the student currently a patient of an eye specialist? No <input type="checkbox"/> Yes <input type="checkbox"/> , _____ Name of Doctor _____ _____
<b>Medical Conditions, Current Medications, Allergies</b> Was the student a premature baby? No <input type="checkbox"/> Yes <input type="checkbox"/> _____ _____
<b>Family Medical History (Eye Conditions, Medical Conditions, i.e. Diabetes, Glaucoma, etc.)</b> _____ _____

(OVER →)

**C. COVERAGE FOR PRESCRIPTION EYEGLASSES:**

**In order to ensure timely provision of prescription eyeglasses (if required), please provide the following information:**

**Do you have insurance?** ☐ **No** (Please go to Part D) ☐ **Yes** (Please complete the appropriate section(s) below)

[illegible]

Private Insurance Coverage (if applicable)	
Insurance Company Name	
Contract/Policy Number	ID Number/Group Number
Insured Member Name (Parent/Guardian of Student)	Insured Member's Date of Birth (Parent/Guardian)
<div> <div>First</div> <div>Last</div> </div>	<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>

**D. PERMISSION TO SHARE FINDINGS:**

<b>With other Health Care Providers, as deemed appropriate</b> (Family Doctor/Pediatrician/Other)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>With Seven Oaks School Division Staff</b> (Sharing information with SOSD is for the purpose of providing the highest level of support for each student to reach their full academic potential)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

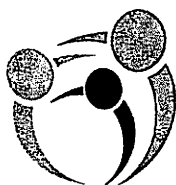
**E. CONSENT:**

Please sign below to provide consent for your child to receive a comprehensive eye examination, including dilation if necessary, by a fully licensed and accredited "MOBILE VISION CARE CLINIC INC." Doctor of Optometry, and be provided with prescription eyeglasses, if required. \*\*

Date		Parent/Guardian Daytime Phone Number	
Parent/Guardian Name (Please Print)	Parent/Guardian Signature		Relation to Student
Student Name – (if over 18 years of age ONLY)		Student Signature – (if over 18 years of age ONLY)	

\*\*\* ALL OPTOMETRIC SERVICES HEREIN WILL BE PROVIDED BY A FULLY LICENSED AND ACCREDITED "MOBILE VISION CARE CLINIC INC." DOCTOR OF OPTOMETRY.

\*\*\* IF EYEGLASSES WERE PURCHASED THROUGH "MOBILE VISION CARE CLINIC INC.", ALL PRESCRIPTION EYEGLASSES PROVIDED HEREIN WILL BE FIT AND DISPENSED UNDER THE GUIDANCE OF A FULLY LICENSED AND ACCREDITED "MOBILE VISION CARE CLINIC INC." OPTICIAN.



## Mobile Vision Care Clinic

### **DILATING EYE DROPS INFORMATION SHEET**

#### **Why do we need to use eye drops?**

It is sometimes necessary to dilate (make bigger) your child's pupils during their eye exam in order to get an accurate prescription and thoroughly examine the back of your child's eyes. It is especially important to use dilating drops when examining non verbal children and those who based on preliminary testing might be over focusing making it look like a prescription is required when in fact it is not.

#### **Which eye drops may be used on my child's eyes?**

There are 2 different eye drops that our clinic uses: Cyclopentolate 1% and Mydracyl 1%. The drops dilate the pupil and immobilize the focusing muscles in the eye. As children have very active eye muscles (which can sometimes over focus) this helps the optometrist get the most accurate glasses prescription.

#### **Will the drops hurt my child?**

The drops can sting a little when they go in, however, the process is not painful for your child. These drops are safe to use and very rarely have any negative side effects.

#### **What are the effects of the drops and how long do they last?**

The drops will cause blurring of your child's vision and will also make him/her a little more light sensitive. The blurring is more commonly with near work but can sometimes affect their distance vision as well. The teachers are aware that your child may have some difficulty reading for a couple hours after their eye exam. The effects of the drops usually last between 3-6 hours but in some case can be up to 24 hours.

**If you have any further questions or concerns, please feel free to contact us at [info@mobilevisioncareclinic.com](mailto:info@mobilevisioncareclinic.com) or by phone at (204) 808-9407.**