

| **Name:****Hospital Number:** |
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| **You are invited to our Patching Party!** |

| **Party Date** | **Party Time** | **Party Location** |
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| **RSVP**Confirm attendance to this email address: Include your name, any additional needs, and who you will be bringing with youConfirm attendance by this date: |
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| **What to expect** |
| Party with other families who are patching or using atropine |
| Fun games and toys |
| Food and snacks |
| Question Time |
| Patching Story Time |
| Photos taken together |
| Patching party bags |

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| **Importance of Attending Patching Parties:*** + **Make patching and atropine a positive and engaging experience**
	+ **A safe space for questions**
	+ **Celebrate with other children who are patching**
	+ **Raise awareness**
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